



Aspire Psychological, LLC

201-639-4669 • aspirepsychologicalgroup.com

Client Information Form

Contact Information

Date:

Name:

Street Address:

OK to send mail?

Home phone:

OK to call? Y/N

OK to leave Voicemail Y/N

Cell phone:

OK to call? Y/N

OK to leave Voicemail Y/N

Work phone:

OK to call? Y/N

OK to leave Voicemail Y/N

Email:

Ok to send email?



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Please provide a name and phone number of whom to call in case of an emergency:

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Demographic Information

Gender:

Date of Birth:

Ethnicity:

Disability Status:

Partner(s)/relationship

Occupation

Referral Information

Who referred you to me or how did you hear of my practice?

Current reason(s) for seeking therapy:

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Estimate the severity of the problem for which you are seeking care:

Mild Moderate Severe Very Severe



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Health Information

Have you ever been hospitalized? (If yes, please provide details):

Are you currently taking any medications? (Please list names, dosages, and prescribing doctor.):

Have you previously been in psychotherapy?

When and for what issues?

Was it helpful? (Why or why not?)

Do you have any previous suicide attempts, self-destructive behaviors, or violent behaviors?

(Indicate age, circumstances, and whether it led to hospitalization or legal problems).

Please list any past/present drug and alcohol use. What have you used and how much?

What are you currently using and how much?

Has it ever affected your work or your relationships?

Relationships

Do you live with others? What is their relationship to you?



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Present Spouse/Partner(s) (first name(s), occupation(s), how would you describe your

relationship satisfaction?):

Are there any other current relationships that are a significant focus in your life right now?

Please describe:

Other Information

What are your main worries or fears?

What do you consider your main strengths?

What are your primary challenges right now?

What are your most important hopes or dreams?

Please add any additional information that may be helpful to our work together.



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I use practice management software to consolidate several aspects of my practice. This is a product called Simple Practice, and it is a HIPAA-compliant, cloud-based software product. The pros of my using this product are that I will be able to access your data from anywhere. If I am traveling and you need a copy of your superbill or a change to your schedule, I will be able to access your data wherever I am. The cons of my using this product are that as opposed to using paper, there is the potential for loss of data or data breaches. Of course, if I learn of any such breaches, I will notify you immediately.

Include my financial information on Simple Practice & use it to create Superbills (this will include your diagnosis if you use insurance).

Automatically bill my credit card for my sessions*.

(*This card will be charged for no shows or late cancellations with less than 48 hours' notice.)

CC #: _____ Expiration month/year: _____ CVC: _____

printed name date

signed name date



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Consent to Videotherapy and Telehealth Services

During the COVID-19 pandemic, I am exclusively moving my practice to video therapy. I will be doing this until there are significant scientific advancements such as accessible antibody tests, vaccines, and ample health systems in place to support those who get sick. I want you, me, and our loved ones to stay safe.

Please note that the use of videoconferencing and telephone services for therapy has been shown to be as effective as face-to-face therapy, but it also involves special considerations:

Appropriateness of this mode of service: Since we cannot assess our “connection” or the clinical appropriateness of video treatment for your issues prior to our first few meetings, I will use these initial sessions to make sure that, in my best clinical judgement, this is an appropriate way for us to meet. If you are facing significant issues that could compromise your safety, or you need a higher level of care, I will make a referral or we will discuss together what might be a better treatment option for you at this time.

Risks: General risks of teletherapy include lack of reimbursement by your insurance company, technological glitches, or loss of connection during our sessions, or a breach of privacy that is beyond our control. My HIPAA compliant service providers are duty bound to notify us if such a breach occurs. Other risks might include discomfort with this mode of service (as opposed to in-person treatment), challenges interpreting non-verbal



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information, and my impaired ability to detect subtle shifts in your emotional state. I may have to ask you directly

if I see tears or notice changes in your breathing, facial flushing, etc. I will do this because I won't always be able

to see you and your body as clearly as I would in a face-to-face meeting.

Emergencies: if you require crisis assistance, you will need to access care in your area. Please call 911 or go to

the nearest emergency room. I will also be asking for your address in case I believe you need help during our

meetings and I need to send mobile crisis or an ambulance to your location.

Location of our meetings: Please consider your location during any phone or videoconferencing meetings and

make efforts to reduce distractions and to protect your privacy. You should be aware of potential security issues

with your computer. Turn off listening devices such as Siri or Alexa. Please close windows of other applications or

programs that might slow down our connection or which might give visual or auditory alerts that will distract you.

If you have roommates, please meet with me in a private room and consider using earbuds or headphones so

people cannot hear our sessions. If necessary, you may find it's easier to sit in your (parked) car or find a quiet

public space outdoors. Just let me know where you are and why.

HIPAA: I will be using a HIPAA-compliant platform, Simple Practice. I will only use a HIPAA-compliant platform

for these meetings.

Technological Failures: There will be times when technology fails us and we need to reschedule or resort to



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another means of connecting. Please keep your phone nearby in case we have sound problems and I will call

you. Sometimes, it helps if we turn the sound off of Simple Practice and speak by phone as we keep the Simple

Practice video running. If technical issues interfere to the point that we are unable to meet, I will reschedule with

you for the amount of time we lose, at no additional cost to you.

Food/Drink/Dress: Teletherapy meetings from your personal space can feel very different from meetings in my

office, but I ask you to observe some of the same “rules” I keep in my office, despite us meeting in our

respective spaces. Please dress in clothing when you attend our sessions (e.g., not pajamas or a bathrobe). If

you must use a bedroom to meet, due to limited privacy at home, please sit up (instead of lying down in bed).

You may consume beverages that you you might typically bring to my office, but please do not drink alcohol

during our meetings. Do not consume food during our meetings. Do not smoke or use other mind-altering

substances during or prior to our meetings. It can be easy to be less inhibited while meeting from your home

environment, but it is important that we keep the frame of our meeting as a professional one and I do not want

the comfort of your home to let you forget this is a professional meeting. If you are outdoors, do not “run

errands,” during our session.

Records: I will continue to document and retain records of our meetings. But I do not record your voice or

image, nor do I record these sessions. I request that you also refrain from recording these meetings.

Reporting Requirements: All mandated reporting requirements regarding Child, Elder, and Dependent Abuse, as



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well as and Suicidal and Homicidal Risk are still in effect.

Fees: Phone and video sessions are sometimes not covered by insurance and I offer them fee-for-service only. I

can appropriately code these services on your Superbill, but please do be aware that your insurance may not

cover them.

We have reviewed and discussed these items:

Signature of client(s) Date

Signature of client(s) Date