



LAURA L. RYAN, MA, LMFT

Please PRINT CLEARLY and fill out the form COMPLETELY

Client

Full Name _____ Date of Birth _____

Sex: F M Age: _____ Relationship Status: Single Married Divorced Committed Partnership Widowed

Occupation _____

Home phone _____ Work phone _____ Cell phone _____

Email Address: _____

I authorize Laura L. Ryan to leave a message regarding my schedule:
on my home phone w/ family member _____ at work on my cell phone

Payment of Services to A New Day Counseling

The person signing this agreement will be the responsible party for payment of services. Please provide their address and printed name, and indicate the relationship to the client--write "self" if you are the client.

I understand that I am responsible for any balance on the account and/or collection costs and legal fees incurred in any attempt to collect said balance.

AUTHORIZED PERSON'S SIGNATURE

Signed _____ Date _____

Printed Full Name _____ Relationship to client _____

Address: _____

City: _____ State _____ Zip _____

PHYSICIAN:

Name of Primary Care Physician _____

Phone # _____

Address _____

City/State/Zip _____

May we share information with your Physician? YES NO _____

Your Signature

REFERRAL SOURCE

How did you learn of our practice?

- | | |
|--|--|
| <input type="radio"/> yelp.com | <input type="radio"/> doctor referral _____ |
| <input type="radio"/> yahoo local | <input type="radio"/> friend/family referral _____ |
| <input type="radio"/> Google | <input type="radio"/> attended a workshop |
| <input type="radio"/> psychology today | <input type="radio"/> facebook |
| <input type="radio"/> yellowpages.com | <input type="radio"/> other (please specify) _____ |



LAURA L. RYAN, MA, LMFT

This form is provided in order you help you understand several important things about your professional relationship with your hypnotherapist and your rights as a client. Please read all of the information carefully. Feel free to ask questions about any item that you may not understand and sign the bottom of this form when you have read all the information.

Confidentiality

What you say to your hypnotherapist will be held in strictest confidence. However, you should understand that there are certain circumstances and conditions under which the content of your sessions may no longer be confidential. Below is a list of some, but not all of the circumstances under which your hypnotherapist may be ethically and/or legally obligated to disclose information about you. Because circumstances vary from individual to individual, it is impossible to provide a complete list of all possible circumstances under which the content of your sessions may no longer be confidential. Please discuss any concerns you may have about confidentiality with your hypnotherapist.

- A) your hypnotherapist is ethically and legally obligated to disclose information given in confidence if there is reason to believe that you may harm yourself or harm someone else.
- B) your hypnotherapist is ethically and legally obligated to disclose information given in confidence if there is reason to believe that you are involved in or have knowledge of child abuse/neglect or abuse/neglect of an elderly or disabled person.

Despite the personal nature of the work that you and your hypnotherapist do together, it is important for you to understand that you and your hypnotherapist have a professional and not a personal relationship. In order for your hypnotherapist to maintain his or her professional objectivity, the interactions between you and he/she will be limited to scheduled sessions. All clinical content should be discussed in session only and any text or email exchanges with your hypnotherapist will be limited to administrative, payment, or scheduling related inquiries.

If you are in crisis, you agree to call 911 or report to your local emergency room. Please do not invite your hypnotherapist to social gatherings, offer gifts, or ask your hypnotherapist to enter into a business relationship or relate to you in any way outside of your scheduled appointments. You will be best served if your relationship with your hypnotherapist remains strictly professional and concentrates exclusively on your concerns. If you meet your hypnotherapist in public or in a social situation, be aware of his/her ethical responsibilities and expect a short conversation.

As a client, you have some important responsibilities. Please attend all scheduled appointments and be on time. Please remember that once an appointment is made, your hypnotherapist has set time aside for you and it is your responsibility to cancel/reschedule your appointments within 24 hours of your scheduled time. If you fail to cancel or reschedule your appointment within 24 hours, you will be charged the full hourly fee.

I, the client, have read and fully understand the information covered in this form.

Client Signature

Today's Date

Tele-Therapy Consent to Treatment for Clients In Texas

I give consent to Laura L. Ryan, LMFT, license # 201931 A New Day Counseling Services to perform therapeutic services determined to be necessary or advisable for the benefit of my health. I understand that online counseling services include, but are not limited to, consultation and treatment using interactive audio, video, and/or data communications. I understand that online counseling services involve the communication of my medical/mental health information to the above referenced provider. By utilizing services with Laura L. Ryan, LMFT, I certify that I understand that communications via text, email, or any internet communication is not 100% HIPAA compliant and there is risk of breach of HIPAA in any form of electronic communication.

I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment. I understand that the laws that protect the confidentiality of my medical information also apply to online counseling services. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.

I understand that the dissemination of any information is under the same HIPAA standards as traditional therapy. Although rare, I understand that there are risks to internet based services including, not limited to, the possibility, despite reasonable efforts on the part of the Platform and/or Therapist, that the transmission of my medical information could be disrupted or distorted by technical failures, the transmission of my medical information could be interrupted by unauthorized persons, and/or the electronic storage of my medical information could be accessed by unauthorized persons.

I am aware that I agree that the location of the therapy is in Texas, where my licensed therapist is located, even when I am communicating with my therapist via digital or video platforms. I agree that my therapy is under the licensing rules and laws of the state of Texas. By participating in online therapy services I am aware of potential benefits and risks. Some benefits may include improved access to services and the convenience of not having to travel to my therapy appointments. Although risks are rare, I am aware there are possible risks which include the possibility of delay in response from my therapist due to technical failures or unforeseen events, and that I may not be able to respond to my therapist due to my own technology failures or unforeseen events. I am aware that all clinical content will be discussed during session only. I am not to text or email my therapist clinical content under any circumstance.

I understand that it is my responsibility to attend all scheduled tele-therapy appointments and be on time. I understand that once an appointment is made, my therapist has set time aside for me and it is my responsibility to cancel/reschedule your appointments within 24 hours of your scheduled time. If I fail to cancel or reschedule your appointment within 24 hours, I understand that I will be charged the full hourly fee. I understand that my therapist may not be able to provide certain services to me and if my therapist believes I need additional or other services, they may refer me to another specialist or type of care, such as seeing a medical doctor for further evaluation and treatment. Informed consent continues throughout the course of therapy and my therapist will continue to talk with me about risks, benefits or educate me on the process of therapy as we go along.

Signature _____ Date _____



Laura L. Ryan, MA, LMFT

Name _____ Today's Date _____ DOB _____

Sleep Habits Assessment

- 1) What are the biggest problem areas for you?
(You may circle more than one)
 - a) it takes a long time to fall asleep
 - b) I wake up at the same general time every night have difficulty going back to sleep
 - c) my insomnia is heightened when I am stressed
 - d) I wake up regularly through the night and have difficulty going back to sleep
 - e) all of the above

- 2) I think I need
 - a) a very structured, regimented program
 - b) a semi-structured program
 - c) give me the basics and I can figure it out
 - d) other (please describe) _____

- 3) The ideal amount of assistance you believe you need:
 - a) very little involvement, I can do this on my own for the most part
 - b) lots of assistance and attention, I often hit roadblocks and need support to get me back on track
 - c) a moderate amount of assistance, I'm able to maintain my behaviors for the most part, but need some help from time to time when things get tough

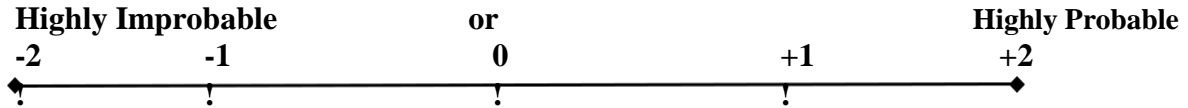
- 4) Briefly describe your typical sleep routine:

- 5) How many therapy appointments do you believe that you'll need to achieve good long-term outcome? _____

- 6) Are you currently taking medication for your insomnia? If yes, what?

7) The last time that you tried to correct your sleep routine/habits, what caused you to begin deviating from your plan?

For next questions rate your answers (regarding sleep) as:



_____ I will carry through successfully

_____ No matter how hard I try, things just won't turn out the way I would like

_____ My motivation will decline over time and I will not stay the course

_____ I will become demoralized and abandon this effort

_____ I will do what it takes to achieve good long-term outcome.

8) What has made you decide to work on your insomnia?

9) How long (Days, Months, Years) have you suffered from insomnia?

10) Have you ever been able to sleep restfully for any period of time? If yes, can you pinpoint any differences in your lifestyle between then and now?

Visual, Auditory, and Kinesthetic Quiz

Read each statement carefully. To the left of each statement, write the number that best describes how each statement applies to you by using the following guide:

- 1: Almost Never Applies
- 2: Applies Once In A While
- 3: Sometimes Applies
- 4: Often Applies
- 5: Almost Always Applies

Section 1: Visual

- _____ 1. I take lots of notes and I like to doodle.
- _____ 2. When talking to someone else I have the hardest time handling those who do not maintain good eye contact with me.
- _____ 3. I make lists and notes because I remember things better if I write them down.
- _____ 4. When reading a novel I pay a lot of attention to passages picturing the clothing, description, scenery, setting, etc.
- _____ 5. I need to write down directions so that I may remember them.
- _____ 6. I need to see the person I am talking to in order in order to keep my attention focused on the subject.
- _____ 7. When meeting a person for the first time I notice the style of dress, visual characteristics, and neatness first.
- _____ 8. When I am at a party, one of the things I love to do is stand back and "people-watch."
- _____ 9. When recalling information I can see it in my mind and remember where I saw it.
- _____ 10. If I had to explain a new procedure or technique, I would prefer to write it out.
- _____ 11. With free time I am most likely to watch television or read.
- _____ 12. If my boss has a message for me, I am most comfortable when she sends a text.

Add up your total for VISUAL _____ (note: the minimum is 12 and maximum is 60)

Section Two - Auditory

- _____ 1. When I read, I read out loud or move my lips to hear the words in my head.
- _____ 2. When talking to someone else I have the hardest time handling those who do not talk back with me.
- _____ 3. I do not take a lot of notes but I still remember what was said. Taking notes distracts me from the speaker.
- _____ 4. When reading a novel I pay a lot of attention to passages involving conversations, talking, speaking, dialogues, etc.
- _____ 5. I like to talk to myself when solving a problem or writing.
- _____ 6. I can understand what a speaker says, even if I am not focused on the speaker.
- _____ 7. I remember things easier by repeating them again and again.
- _____ 8. When I am at a party, one of the things I love to do is talk in-depth about a subject that is important to me with a good conversationalist.
- _____ 9. I would rather receive information from the radio, rather than a newspaper.
- _____ 10. If I had to explain a new procedure or technique, I would prefer telling about it.
- _____ 11. With free time I am most likely to listen to music.
- _____ 12. If my boss has a message for me, I am most comfortable when she calls on the phone.

Add up your total for AUDITORY _____ (note: the minimum is 12 and maximum is 60)

Section Three - Kinesthetic

- _____ 1. I am not good at reading or listening to directions. I would rather just start working on the task or project at hand.
- _____ 2. When talking to someone else I have the hardest time handling those who do not show any kind of emotional support.
- _____ 3. I take notes and doodle but I rarely go back a look at them.
- _____ 4. When reading a novel I pay a lot of attention to passages revealing feelings, moods, action, drama, etc.
- _____ 5. When I am reading, I move my lips.
- _____ 6. I will exchange words and places and use my hands a lot when I can't remember the right thing to say.
- _____ 7. My desk appears disorganized.
- _____ 8. When I am at a party, one of the things I love to do is enjoy the activities such as dancing, games, and totally losing myself in the action.
- _____ 9. I like to move around. I feel trapped when seated at a meeting or a desk.
- _____ 10. If I had to explain a new procedure or technique, I would prefer actually demonstrating it.
- _____ 11. With free time I am most likely to exercise.
- _____ 12. If my boss has a message for me, I am most comfortable when she talks to me in person.

Add up your total for KINESTHETIC _____ (note: the minimum is 12 and maximum is 60)

Total each section and write the sums below

VISUAL

AUDITORY

KINESTHETIC

Total Number of Points:

Total Number of Points:

Total Number of Points:

The area in which you have the highest score represents your best learning style.

Note that you learn in ALL three styles, but you normally learn best using one style.