



# Connect, Heal, Thrive

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Psychotherapy  
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## Initial Session Questionnaire

Please feel free to use additional paper as needed

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Date: \_\_\_\_\_

How did you learn of me: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_

email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Current concerns/reasons for seeking psychotherapy at this time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Origins/history/background of this issue/ Have you experienced anything similar in the past: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Outcome you hope for from psychotherapy: \_\_\_\_\_

\_\_\_\_\_

Married/Partnered status: \_\_\_\_\_

Children/Ages: \_\_\_\_\_

Who lives with you: \_\_\_\_\_

Your relationship to your current family members (spouse, children, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Career history: \_\_\_\_\_

\_\_\_\_\_

Satisfaction with your current employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Current or ongoing physical health issues: \_\_\_\_\_

Medicines you take regularly/purpose: \_\_\_\_\_

Prior psychotherapy experience: \_\_\_\_\_

How / why/ when did prior therapy end: \_\_\_\_\_

Anything else regarding your physical/mental health that I should know (prior mental health diagnoses, family history, concerns, etc.): \_\_\_\_\_

Who was in your family growing up (include any changes to family situation/your age): \_\_\_\_\_

Anything else I should know about your family of origin from the outset: \_\_\_\_\_

Are you in a romantic relationship now? **Y N** If so, is the relationship fulfilling? If not, how does this impact you? \_\_\_\_\_

We all have good and bad days. How are you when you are at your best in relationship with another: \_\_\_\_\_

At your worst in relationship with another: \_\_\_\_\_

Whom /what do you currently turn to when you need support: \_\_\_\_\_

Do you feel adequately supported in your life? **Y N** If not, what is lacking: \_\_\_\_\_

What activities do you feel nourished by: \_\_\_\_\_

What inner strengths/qualities do you use in difficult times: \_\_\_\_\_

What other information would be helpful for me to know (how you self-identify, gender, sexuality, addiction, suicidal ideation or attempts, depression, anxiety, life events, trauma, self harm, spirituality/religion, cultural background, which substances or activities you engage in to feel better, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Psychotherapy, MFC 50731

Marriage and Family Therapist

Phone: 510.239.3932

www.ThrivePsychotherapyCenter.com

## Video Recording Consent

**Overview.** It is your option to choose whether or not we record our sessions. I prefer to video-record sessions because reviewing the recordings helps me to deepen your treatment as well as to track change over time. On occasion, I also ask trusted colleagues to view portions of video-recorded sessions during consultation and/or trainings for my own learning and development and/or to provide additional insight and education to other therapists. You also have the option to review a recording or portions of it, either with me during a session or on your own. Some clients have found this to be helpful in their process.

I, \_\_\_\_\_, consent to the videotaping of my psychotherapy sessions with Jennifer Edlin, MFT. I understand that these recordings will be used to further the quality of my therapy and may also be shown to colleagues in supervision, training and consultation related to the practice of psychotherapy.

I authorize Jennifer Edlin, MFT to make video-recordings of my psychotherapy and to use the recordings for the purpose(s) I have agreed to below.

- | <b>Initial the option(s) agreeable to you:</b>                                 | <b>(Initials)</b> |
|--|-------------------|
| a) To be viewed by my therapist to improve my treatment                        | _____             |
| b) To be viewed in consultation with an expert clinician                       | _____             |
| c) For teaching other therapists in live, professional trainings               | _____             |
| d) For teaching as part of video-recorded courses made available to therapists | _____             |
| e) For transcription, research/publication without any identifying information | _____             |

I understand that the use of these video recordings will be strictly for clinical and educational purposes; steps are taken to ensure patient confidentiality. Local laws and professional codes of ethics regarding patients' privacy bind all professionals and students who view these tapes, and this agreement is governed by California law. Because videotaping offers a detailed and accurate record, recording sessions allows the opportunity for high-quality self-supervision and consultation and supervision with others. Consequently, these tapes can be an integral part of treatment and improve the services offered.

I understand that my status as a patient of Jennifer Edlin will not be affected in any way whatsoever by my consent or lack of consent, nor am I under any duress, to give my consent.

I understand that Jennifer Edlin will take reasonable and customary steps to change or remove data, which in her opinion may be likely to identify me and that in no event will my surname or address be disclosed. I further understand and agree that the potential for identification exists as my image and first name will be shown in the video(s).

**I release Jennifer Edlin from any liability or claim in connection with these videotaped recordings for the above stated purposes. I understand that I will receive no financial compensation for the use of these videotaped session recordings. I further understand that upon my mailed written request, the recordings in question will be destroyed and no further use by Jennifer Edlin will occur.**

**This agreement and the Client Information and Consent comprise the totality of our agreement.**

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Client Signature

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Date

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Jennifer Edlin, MFT

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Date



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# Client Information & Consent

**Overview.** Psychotherapy can be a fascinating and stimulating process. It can also be difficult, and at times, painful. While there are no guarantees, your active participation and willingness to raise any thoughts or concerns you may have about me as your therapist and our work together will contribute to the process.

**Confidentiality.** The information discussed in therapy is strictly confidential and will only be released with your written permission. There are some exceptions to this policy, including if you pose a danger to yourself or someone else, or if there is some evidence of child abuse or of the abuse of an elder or a dependent adult, or any other cases where I am legally obligated to disclose information (for example, court orders). In addition, to best meet your needs and to continue to grow as a therapist, I frequently consult/train with colleagues who are bound by the same confidentiality rules, and in such consultation/training I remove or change identifying details to the extent possible. You and I may from time to time communicate by email or via the Internet, and I may receive supervision or consultation over the Internet. While I take reasonable measures to ensure confidentiality of these communications, there is an inherent risk of the privacy of communications over the Internet being compromised.

**Fees/Insurance.** Fees are due at the beginning of each session, payable by cash or check. My fee is \$\_\_\_ per 50 minute session. Unless we agree otherwise, sessions are 50 minutes. If you are more than 10 minutes late and have not called to let me know, I will assume that you are not coming to that session. If you are using insurance, I will provide you a statement, which you can submit directly to your insurance company for reimbursement. Fees are reviewed yearly and may be raised \$10 each year (or kept the same and then raised by up to \$20 after two years, etc.). I encourage you to discuss any financial concerns or hardships as soon as they arise so we can adjust our arrangement accordingly.

**Cancellations.** I would appreciate as much advance notice as possible if you are going to miss a session. If you cancel within 24 hours of your appointment time, you will be charged for the missed session.

**Practice Structure.** I take off approximately 6 weeks in the summer and several other weeks during the remainder of the year to conduct and attend trainings as well as for vacation and writing. I will endeavor to give you as much advance notice as possible of my absences, to be available for support and/or to provide referrals during my time off and to think together about what resources could be helpful during breaks.

**Availability.** If you would like to speak with me outside of session for reasons concerning scheduling, fees, or urgent issues, please call my voice mail number, leave a message describing what is happening and requesting a call back, and I will return your call within 24 hours. I encourage you to contact me if you are in a serious emotional crisis. A brief check-in of 10 minutes or less is no charge, longer phone sessions will be charged on a prorated basis. If you are having a psychological emergency, please leave a message on my voicemail and then call 911.

**Email, Internet, etc.** If you need to contact me between sessions, the best way to do so is by leaving me a voice mail at the number above. Direct email at edlintherapy (at) gmail [dot] com or a text message is

best for quick administrative issues such as changing appointment times, but not for anything more sensitive in nature. Please do not contact me via other methods (messaging through Facebook or LinkedIn, etc.) as I may not receive such messages in a timely manner or at all. While I welcome your contacting me between sessions around material that has come up (see Availability section), please do not email me or text me content related to your therapy sessions, as email is not completely secure or confidential and may become part of your legal record. You may find my practice listed on sites such as Yelp, Yahoo Local, etc. If you find my listing, please know it is NOT a request for a testimonial, rating or endorsement from you as my client. Of course, you have a right to express yourself in any way you wish. If we are working together, I hope that you bring your feelings and reactions to our work directly into the therapy process.

**Notice to Clients.** The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists. You may contact the board online at [www.bbs.ca.gov](http://www.bbs.ca.gov), or by calling (916) 574-7830.

**Termination.** Ultimately the decision to end therapy is yours, but it is something that we should discuss together before any conclusions are reached. In some instances when people feel that they want to terminate therapy, they are about to face something that is uncomfortable, yet potentially fruitful. For this reason, I request at least one session for termination under all circumstances. Termination is an important phase of psychotherapy, and usually at least four sessions are needed to fully explore this phase.

This agreement is made under California law. I have read the foregoing, understand the above policies, and agree to all of the above. This and the Video Recording Consent comprise the totality of our agreement.

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Client Signature

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Date

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Jennifer Edlin, MFT

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Date