Face Sheet

Boyd D. Brooks PsyD, LPC
1770 Missouri State Rd., Arnold, Mo. 63010
636-296-0400 Boydbrooks.com

Date of call_____

Caller's Name_____

Client Name_____

Address_____

City_____ State_____ Zip_____

Telephone: Home_____

Work_____ Cell_____

Email_____

Date of Birth_____

Marital Status_____

# of Dependents_____ Religion_____

List Name and Age of Children (even if married):

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

Education_____

Employer_____

Occupation_____

Legal Issues_____

Spouse/Other/Parent_____

Address_____

City_____ State_____ Zip_____

Telephone: Home_____

Work_____ Cell_____

Email_____

Date of Birth_____

Marital Status_____

# of Dependents_____ Religion_____

List Name and Age of Children (even if married):

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

Education_____

Employer_____

Occupation_____

Legal Issues_____

Emergency Contact Name_____

Relationship_____ Phone_____

Emergency Contact Name_____

Relationship_____ Phone_____

Primary Physician_____ Telephone _____

Address_____ City_____ State_____ Zip_____

Previous Counselor_____ Telephone_____

Address_____ City_____ State_____ Zip_____

When_____ Last Visit _____

Presenting Problem_____

_____

Psychosocial Assessment

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Client's Name_____ Age_____ Male ☐ Female ☐

Ethnicity_____ Lives with_____

Presenting Problems_____

_____

Areas of Difficulty (Check all that apply. If not checked, we will assume there is no problem.)

- ☐ Marriage/Relationships/Family
- ☐ Job/School Performance
- ☐ Disability Leave
- ☐ Job/School Jeopardy
- ☐ Sleeping Habits
- ☐ Difficulty Falling Asleep
- ☐ Difficulty Staying Asleep
- ☐ Early Morning Awakening
- ☐ Financial Problems
- ☐ Activities of Daily Living (personal hygiene, bathing, etc.)
- ☐ Ability to Concentrate
- ☐ Ability to Control Temper
- ☐ Hobbies/Interests/Play Activities
- ☐ Eating Habits
- ☐ Weight Gain in past 6 months_____
- ☐ Weight Loss in past 6 months_____
- ☐ Current Weight_____ Height_____
- ☐ Friendship/Peer Relationships
- ☐ Sexual Function
- ☐ Other_____

Symptoms (Check all that apply. If not checked, we will assume there is no problem.)

- ☐ Depressed Mood
- ☐ Decreased Energy
- ☐ Grief
- ☐ Intellectual Deficit
- ☐ Guilt/Low Self-Esteem
- ☐ Lying
- ☐ Hopelessness/Helplessness
- ☐ Anxiousness
- ☐ Obsessions/Compulsions
- ☐ Trauma: Emotional/Verbal/ Physical/Sexual
- ☐ Irritability
- ☐ Impulsiveness
- ☐ Hyperactivity
- ☐ Disruption of Thoughts
- ☐ Delusions
- ☐ Hallucinations
- ☐ Memory Problems
- ☐ Panic Attacks
- ☐ Defiance
- ☐ Physical Complaints: _____
- ☐ Stealing
- ☐ Bedwetting/Pooping
- ☐ Setting Fires
- ☐ Running Away
- ☐ Learning Disability
- ☐ School Problems_____
- ☐ Medical Conditions_____
- ☐ Other_____

- ☐ Victim _____
- ☐ Perpetrator _____
- ☐ Interested in Losing Weight
- ☐ Interested in Quitting Smoking

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Treatment History

☐ No Previous Treatment

	Outpatient	Inpatient past year	One prior admission	Multiple admissions
Psychiatric	☐	☐	☐	☐
Substance Abuse	☐	☐	☐	☐

Substance Abuse History

Type	Amount	Frequency/Pattern	Method of Use	Last Use	Age of 1st Use
Alcohol					
Marijuana					
Heroin/Narcotics					
Amphetamines					
Cocaine/Crack					
Hallucinogens					
Nicotine					
Barbiturates					
Other					
Addictions (gambling/sex)					

Symptoms of Dependence

- ☐ Nausea/Vomiting/Diarrhea
- ☐ Aggressiveness
- ☐ Strong Urge to Use
- ☐ Consequences of Substance Use
- ☐ Development of Tolerance
- ☐ Withdrawal Symptoms (seizures, cravings, DT's, etc.)
- ☐ Black-outs
- ☐ Inappropriate Behaviors
- ☐ Auditory/Visual Hallucinations
- ☐ Longest Period of Abstinence _____
- ☐ Family History of Chemical Dependency

Comments_____

_____

_____

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Medications

Is the client on any prescribed medications, over-the-counter medications, or herbal or vitamin supplements?

☐ No ☐ Yes (please complete medication information below)

Name of Medication	Purpose	Dosage	How Long on the Medication	Prescriber	Is it helpful?

Do you have a good understanding of your medications and how they work? Yes ☐ No ☐

Social History (check all that apply)

Current Marital Status:

- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Living Together
- ☐ Widowed
- ☐ Single

Employment Status:

- ☐ Full-Time
- ☐ Part-Time
- ☐ Self-Employed
- ☐ Disabled
- ☐ Unemployed
- ☐ Retired
- ☐ Student

Number of Marriages_____

Number of Dependents_____

Highest Educational Level_____

What school are you attending?

_____

What kind of work do you do?

_____

Family History	Mental Health	Substance Abuse	Developmental Delay	Major Medical	Criminal	Specify
Grandparent						
Mother						
Father						
Siblings						
Other:						

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Family & Marriage Therapy

I specialize in family and marriage therapy. Every family has challenges, but if we figure out what they are and talk them out, we can improve family relations. Sometimes what we think is the problem is only the symptom of a bigger problem. I have found it to be amazing what can happen when the whole family comes to counseling and talks to each other with the help of a counselor.

I have a desire to strengthen marriages by helping couples discover what the weaknesses and strengths of their marriages are. Sometimes, without realizing it, couples emphasize their weaknesses while ignoring their strengths. I help them see what they have, so they appreciate it more while assisting them in learning how to deal with those weaknesses more effectively. You can change for the better once you decide to work on the problem. I encourage anyone who wants to improve the quality of their family life to invest the time and effort in counseling. What we learn about each other and ourselves is so crucial in helping us change.

Benefits of Counseling & Approach

Counseling offers you the opportunity to make some critical changes. The success of those changes depends on your effort and participation in the process. Some benefits include conflict resolution, a greater sense of meaning and purpose in life, increased self-worth, and an awareness of one's choices. Learning to make decisions with a long-term perspective in mind produces much better decisions. In each counseling session, I aim to help you develop the needed skills to accomplish your goals. Counseling helps us talk about things we often cannot do by ourselves. My approach to counseling is a practical approach, in which I use techniques and principles that best fit each situation. I work to help you see the other perspective. Secondly, I concentrate on how we think and how our thoughts become patterns and ultimately influence our behavior. Thirdly, I help the person design a specific strategy to implement appropriate behavior. Successful counseling helps marriages and families appreciate each other and enjoy their relationships.

Qualifications

I have been counseling families for many years. I have a Master's degree in counseling from Missouri Baptist University in St. Louis and a Doctorate in Psychology from California Southern University in Irvine, California. I am a Licensed Professional Counselor #2011014362 in the state of Missouri and a National Certified Counselor #326853.

Appointments and Fees

The charge is $100 to initiate counseling, individual or couple (reports and letters are additional). That gives you five sessions. We do not accept insurance but can give you an official receipt to submit to your insurance for reimbursement. Most people do at least ten sessions. To get started, download the forms and fill them out. Be sure to sign the consent form and drop them by the office or mail them to our office with your payment. Make checks or money orders to ***People's Church, 1770 Missouri State Rd, Arnold, MO 63010. Please call the office for more information. Office: 636-296-0400.*** Once we receive your forms and payment, you will be contacted about an appointment.
Pastor Boyd D. Brooks PsyD, LPC, NCC

Boyd D. Brooks
PsyD, LPC

Informed Consent for Counseling Services

Counseling of Minor Persons

Minor clients (persons under the age of 18 who are not legally emancipated) must have the permission of a parent or legal guardian to receive psychological services. Laws provide that the parent or legal guardian has a right to information obtained in the course of counseling or psychological assessment. At the onset of treatment, the counselor, the minor client, and parent or guardian will discuss the limits of confidentiality as it regards a minor client.

Special Disclosure Situations:

If the client presents a clear and present danger to themselves and refuses to accept appropriate treatment, the counselor is mandated to release relevant information to protect the client.

If the counselor has a reasonable basis to believe that there is a clear and present danger of physical violence against a clearly identified or reasonably identifiable victim(s), the counselor is mandated to release relevant information to protect the potential victim(s).

If there is a threat of imminently dangerous activity by the client against themselves or another person, the counselor is mandated to disclose client communication to place or retain the client in a psychiatric hospital.

If the client, or any party acting on behalf of a deceased client, introduces evidence of the client's mental condition as an element of claim or defense in a legal proceeding (except child custody or adoption), the judge may order the counselor to disclose confidential client communication.

In any case of child custody or adoption, a judge may order the counselor to disclose confidential client communication if the judge determines that the counselor has evidence bearing significantly on the client's ability to provide proper care or custody. It is more critical to the welfare of the child that the communication be disclosed than the relationship between client and counselor be protected.

If the client initiates legal action (for example, malpractice, criminal, or license revocation) against the counselor, the counselor may disclose confidential client communication if disclosure may be necessary or relevant to the counselor's defense.

The counselor may be required to provide diagnostic or treatment information to an insurance company or review board, non-profit hospital or medical service corporation, or health maintenance organization for administration or provision of benefits and expenses to compensate the client.

If the counselor has reasonable cause to believe that a child under the age of eighteen years is suffering from severe physical and or emotional injury, abuse, or neglect, the counselor is mandated to report that information to the appropriate agencies.

If the counselor has reasonable cause to believe that a person over the age of 60 or handicapped or disabled person is suffering abuse, the counselor is mandated to report this information to the appropriate agencies.

Information acquired by the counselor in the course of professional practice may be disclosed to another appropriate professional as part of a professional consultation.

In the case of a court order that compels the counselor to reveal confidential information.

My approach is the “no secrets” policy with marriage and couples counseling. Although I am usually able to convince the individual to share the secret, I reserve the right to do so if necessary. If you have any questions about confidentiality or this statement, please feel free to ask me.

Boyd D. Brooks, PsyD., LPC # 2011014362 at 636-296-0400.

Counseling Notes: Notes recorded by your clinician documenting the contents of a counseling session with you will be used only by your clinician and will not otherwise be used or disclosed without your written authorization.

Print/Type Name: _____ Telephone: ( ) _____

Complete Address: _____

Signature_____Date_____

Parent/Guardian'sSignature_____Date_____

Relationship: _____