

Partner 1

Emily Baugh Counseling
Emily Baugh, MA & LPC
13000 W. 87th Street Parkway, Suite 103
Lenexa Kansas 66215

Full Name: _____ Date of Birth: ____/____/____

Pronouns: she/her he/she they/their

Partner's Name (if applicable): _____

Address: _____

Phone: _____

e-mail: _____

Preferred method of communication: *phone/voicemail* *email* *text*

Emergency contact name: _____ Phone: _____

Referral source: _____

Please list any medications: _____

During the course of the consultation we will discuss a range of topics. Would you like to prioritize any of the following topics? If so, please place a checkmark next to the box.

<input type="checkbox"/>	Future contact with donor/recipient/surrogate	<input type="checkbox"/>	Feelings about the effect on spouse/significant other (if applicable)
<input type="checkbox"/>	Curiosity about other party(ies)	<input type="checkbox"/>	Feelings towards child
<input type="checkbox"/>	Anonymity	<input type="checkbox"/>	Dealing with the unknown
<input type="checkbox"/>	Third-party contact with child	<input type="checkbox"/>	General attitude towards infertility
<input type="checkbox"/>	Nature/Nurture	<input type="checkbox"/>	Feelings of loss of control
<input type="checkbox"/>	Cultural concerns	<input type="checkbox"/>	Financial concerns
<input type="checkbox"/>	Success of treatment	<input type="checkbox"/>	Dealing with family, friends, co-workers
<input type="checkbox"/>	The child's narrative	<input type="checkbox"/>	Disclosing to child
<input type="checkbox"/>	Strength of relationship/partnership	<input type="checkbox"/>	Other:

	Every Day	Almost Every Day	Occasionally	Rarely	Never
23. Do you kiss your mate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	All of them	Most of them	Some of them	Very few of them	None of them
24. Do you and your mate engage in outside interests together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often would you say the following events occur between you and your mate?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
25. Have a stimulating exchange of ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Laugh together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Calmly discuss something	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Work together on a project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These are some things about which couples sometimes agree and sometime disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (Check yes or no)

	Yes	No
29. <input type="radio"/> <input type="radio"/> Being too tired for sex.	<input type="radio"/>	<input type="radio"/>
30. <input type="radio"/> <input type="radio"/> Not showing love.	<input type="radio"/>	<input type="radio"/>

31. The circles on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please fill in the circle which best describes the degree of happiness, all things considered, of your relationship.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

32. Which of the following statements best describes how you feel about the future of your relationship?

- I want desperately for my relationship to succeed, and *would go to almost any length* to see that it does.
- I want very much for my relationship to succeed, and *will do all I can* to see that it does.
- I want very much for my relationship to succeed, and *will do my fair share* to see that it does.
- It would be nice if my relationship succeeded, but *I can't do much more than I am doing now* to help it succeed.
- It would be nice if it succeeded, but I *refuse to do any more than I am doing now* to keep the relationship going.
- My relationship can never succeed, and *there is no more that I can do* to keep the relationship going.

Partner 2 (if applicable)

Emily Baugh Counseling
Emily Baugh, MA & LPC
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Lenexa Kansas 66215

Full Name: _____ Date of Birth: ____/____/____

Pronouns: she/her he/she they/their

Partner's Name (if applicable): _____

Address: _____

Phone: _____

e-mail: _____

Preferred method of communication: *phone/voicemail* *email* *text*

Emergency contact name: _____ Phone: _____

Referral source: _____

Please list any medications: _____

During the course of the consultation we will discuss a range of topics. Would you like to prioritize any of the following topics? If so, please place a checkmark next to the box.

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<input type="checkbox"/>	Curiosity about other party(ies)	<input type="checkbox"/>	Feelings towards child
<input type="checkbox"/>	Anonymity	<input type="checkbox"/>	Dealing with the unknown
<input type="checkbox"/>	Third-party contact with child	<input type="checkbox"/>	General attitude towards infertility
<input type="checkbox"/>	Nature/Nurture	<input type="checkbox"/>	Feelings of loss of control
<input type="checkbox"/>	Cultural concerns	<input type="checkbox"/>	Financial concerns
<input type="checkbox"/>	Success of treatment	<input type="checkbox"/>	Dealing with family, friends, co-workers
<input type="checkbox"/>	The child's narrative	<input type="checkbox"/>	Disclosing to child
<input type="checkbox"/>	Strength of relationship/partnership	<input type="checkbox"/>	Other:

	Every Day	Almost Every Day	Occasionally	Rarely	Never
23. Do you kiss your mate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	All of them	Most of them	Some of them	Very few of them	None of them
24. Do you and your mate engage in outside interests together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

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- It would be nice if it succeeded, but I *refuse to do any more than I am doing now* to keep the relationship going.
- My relationship can never succeed, and *there is no more that I can do* to keep the relationship going.

Authorization to Disclose Protected Health Information

Patient Name:	Date of Birth:
Address:	

I hereby authorize **Emily Baugh, LPC** to disclose the above-named individual health information as described below:

The type and amount of information to be disclosed is any and all psychological assessments, evaluations, clinical interview materials, reports, summaries of therapy and therapeutic treatment and/or recommendations.

The type and amount of information may include information about my mental health status. This information may be disclosed to and used by the following person or organization:

Person/Organization:

The disclosure and use if for the following purpose: _____.

I understand I have a right to revoke this authorization at any time, and that if I choose to do so, I must revoke in writing, and present it to the health information management department or the provider of services. I understand that authorizing the disclosure of this health information is voluntary. I may refuse to sign this authorization, and such refusal may affect my ability to participate in certain treatments or programs.

By signing this authorization, I understand that any disclosure of information carries with it the potential for an unauthorized disclosure, and the information may not be protected by federal privacy rules. I further understand I may request a copy of this signed authorization. A photostatic copy of this authorization shall serve in its stead.

Client 1 [Print name]:	Signature:	Date:
Client 2 [Print name]:	Signature:	Date:
Emily Baugh, MA LPC[Print name]:	Signature:	Date:

INFORMED CONSENT FOR PRE-PSYCHOLOGICAL COUNSELING AND EVALUATION

I/We _____ hereby acknowledge that I/we have requested psychological services from Emily Baugh, MA LPC. Such services may include (please initial appropriate choices).

	Counseling regarding infertility and/or psychological implications of fertility treatments.
	Psychological evaluation regarding suitability to participate in one or all of the following
<p><input type="checkbox"/> IVF or other assisted reproductive treatments using my own gametes and not involving a 3rd party collaborator.</p> <p><input type="checkbox"/> Egg donation <input type="checkbox"/> Recipient <input type="checkbox"/> Donor</p> <p><input type="checkbox"/> Sperm donation <input type="checkbox"/> Recipient <input type="checkbox"/> Donor</p> <p><input type="checkbox"/> Gestational surrogate/carrier</p> <p><input type="checkbox"/> Intended Parent</p> <p><input type="checkbox"/> Surrogate/Carrier</p> <p><input type="checkbox"/> Traditional Surrogacy (surrogate's own egg used in conception)</p> <p><input type="checkbox"/> PGD</p> <p><input type="checkbox"/> Other: _____</p>	

I/We understand that not every potential participant for third-party procedures will be accepted for treatment. As necessary, I/we hereby authorize *Emily Baugh, MA LPC* to discuss the results of testing and clinical interviews with members of the fertility treatment team, and understand that the results of said tests will be used to assess my ability to participate. I/we hereby release *Emily Baugh, MA LPC*, from any liability in the event that I am not accepted for treatment.

I/we understand that there are potential psychological risks posed by counseling and evaluation. These may include risks that are presently unknown or unidentified. I/we also understand that any psychological and emotional risks may vary widely among individuals, so it is impossible to accurately state the likelihood of my/our personal risk and I/we cannot expect any mental health professional(MHP) to state with certainty whether or not I/we may suffer any psychological consequences of counseling and evaluation. Further, should I/we accept treatment, I/we understand that there are psychological risks associated with fertility treatments, and these may include risks that

are unknown or unidentified. Fully understanding the above, I/we voluntarily agree to proceed with counseling and/or evaluation.

I/we as a participant(s), specifically waive the right to claim any conflict of interest on the part of the MHP, which may arise since Intended Parents may pay the third-party participant's fees. Further, I/we understand that the MHP may counsel and/or evaluate other proposed participants involved in my/our treatment. I/we understand that the MHP has a professional responsibility to each client, individually and regardless of the interests of other participants who might be involved. I/we acknowledge and agree that the MHP may give certain advice to one client, or make certain recommendations about clients, which may negatively impact the ultimate success of any proposed treatment for me/us or other participants. I/we specifically release the MHP from liability, and release and hold harmless said MHP to the extent that his/her actions are reasonably within standards of professional practice. None of the above may be construed, however as a waiver of my right to pursue a negligence or malpractice claim.

Client 1 [Print name]:	Signature:	Date:
Client 2 [Print name]:	Signature:	Date:
Witness [Print name]:	Signature:	Date:

Informed consent: Proceeding with Fertility Treatment

I/We _____ hereby acknowledge that I/we have requested psychological services from Emily Baugh MA LPC. Such Services may include (please initial all appropriate choices).

- Counseling regarding infertility and/or psychological implications of fertility treatments.
- Psychological evaluation regarding suitability to participate in one or all of the following
 - IVF or other assisted reproductive treatment using my own gametes and not involving a third-party collaborator
 - Egg donation: Recipient Donor
 - Sperm donation: Recipient Donor
 - Gestational Surrogacy/carrier: Intended parent Surrogate parent
 - Traditional surrogacy (surrogate's own egg used in conception)
 - PGD
 - Other

During the course of consultation with the mental health professional noted above we discussed, among others that are not listed here, the following matters (please initial where applicable),

- Future contact with donor/recipient/surrogate
- Anonymity
- Third-party contact with child, including likelihood this may never happen
- Curiosity about other party(ies)
- Feelings of loss of control
- Feelings toward child
- Dealing with the unknown
- General attitude toward infertility
- Feelings about and effect on spouse/significant other, if applicable
- Financial concerns
- Success of treatment
- Dealing with family, friends, co-workers
- Other

I/we have considered all of the above in my/our decision to participate in the proposed assisted reproductive technique/treatment. Based on my/our discussion with Emily Baugh MA LPC, I/we are aware of the psychological risks and benefits of participation in the treatments and procedures. Further, I/we understand there may be risks that are presently unknown or unidentified. I/we also understand that any psychological and emotional risks may vary widely among individuals, so it is impossible to accurately state the likelihood of my/our personal harm and I/we cannot hold any mental health professional to state with certainty whether or not I/we may suffer any psychological consequences from treatment. I/we hereby release Emily Baugh, MA LPC in the event that I/we suffer psychological or emotional harm from participation in the contemplated behavior, to the extent that her actions are reasonably within standards of professional practice. None of the above may be construed, however, as a waiver of my/our rights to pursue a negligence or malpractice claim.

Fully understanding the above I/we freely and voluntarily agree to proceed with treatment. No person has coerced or forced me to consent to any treatment or evaluation.

Signature of Participant

Emily Baugh MA, LPC

Signature of Participant

Date