

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 | Relationship status: Single Partnership/Married
Divorced Widowed

Partner's Name (if applicable): _____

Address: _____ Phone: _____
_____ e-mail: _____

Occupation: _____ Overall, do you enjoy it? Yes No Sometimes

Preferred method of communication: phone/voicemail email text

Emergency contact name: _____ Phone: _____

Referral source: _____

Please list any medications: _____

Please rate the following on a scale from 1-10 in your experience (1: worst and 10: best)

	Rating	Explanation
Sleep		
Diet		
Exercise		
Social Interactions		
Exposure to Sun/Vitamin D		
Social Media/News		

Please answer the following questions

	Yes/No	Additional Details
Alcohol		If yes, how much?
Marijuana		If yes, how much?
Drugs		If yes, what and amount?
Tobacco		If yes, how much?
Suicidal thoughts		If yes, when was the last time?
Self-harm		If yes, when was the last time?
History of Mental Illness within family		If yes, how are they related?

Consultation Waiver

Under Kansas Law I am required to consult your primary care physician (PCP) and/or Psychiatrist to determine if there may be a medical condition or medication that is contributing to any observed symptoms of a mental disorder. I will request that you complete a Release of Information form in order to complete such a consultation. You may waive your right to my consultation with your physician and/or psychiatrist. If that is your preference, please indicate so here:

- Yes, I waive my right please **do not** contact my PCP or Psychiatrist
 No, I do not waive my right please contact my PCP or Psychiatrist.

If you do not waive your right please answer the following:

Physician Name: _____ Number: _____ Fax: _____

Psychiatrist Name: _____ Number: _____ Fax: _____

*You will also need to sign the release of information

Payment Insurance, Reimbursement, & Cancellation Policy

I do not accept insurance, but can provide invoices and records (*after signing a release form) for insurance reimbursement purposes. Please let me know if you are interested in this option. Payment will be processed at time of service. If enrolled in auto pay the payment will be pulled the evening of session. Please cancel a session within 24 hours. The full session fee will be charged if prior notice is not given.

Confidentiality

Our sessions are private and confidential with the following exceptions:

1. Reasonable suspicion of elder or dependent adult abuse or neglect.
2. Intentions to hurt yourself or others.
3. If a subpoena is lawfully issued.

4. If there a written request for Release of Information
5. If you are under 18 (additional information will be provided)
6. In order to provide insurance with information for reimbursement
7. If you are seeking couples or family counseling (additional information will be provided)
8. During supervision with my supervisor James McMillian (see information below)
9. If I am requested to provide testimony (*please request fee information)

Emergencies, Right to Review Records

If there is an emergency outside of session contact 911. If you need to contact me for an urgent, not emergency please call 913-229-4001 and your call will be returned as soon as possible. Non-urgent calls will be returned the next business day.

You have the right to review your records at any time, except in the limited legal or emergency circumstances when it is assessed that releasing such information might be harmful. In such a case, I will provide the records to an appropriate and legitimate mental health professional of your choice.

Licensure, Supervision, Dual Relationships

A licensed professional counselor (LPC) refers to a person who is licensed by the Kansas Behavioral Sciences Regulatory Board and who engages in professional counseling. As an LPC, i work under the supervision of James McMillian (license #: 2550) as an independent practitioner in order to obtain a further level of licensure. As part of our agreement you give James McMillian permission to review your case to provide guidance and supervision. You further give permission for me to present your case during supervision with other counselors who are being supervised by James McMillian. In such cases, only necessary information will be disclosed. James McMillian and other counselors are bound by the same ethical obligations as myself. If you have concerns or questions please discuss them with me.

Therapy NEVER involves sexual or business relationships or any other dual relationship that could impair my objectivity, clinical judgement, therapeutic effectiveness, or which can be exploitative in nature.

If you agree to the terms above, please sign stating you are aware and agree. If you have any questions or concerns please discuss them with me immediately.

Print Name	Signature	Date