

CLIENT INFORMATION



PRIMARY INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell \_\_\_\_\_ e-mail \_\_\_\_\_

Referred by \_\_\_\_\_ Phone No. \_\_\_\_\_

Primary reason(s) for your visit:

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

PERSONAL INFORMATION

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Relationship Status (optional) \_\_\_\_\_

Names and ages of children \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Primary Health Care Provider \_\_\_\_\_ Phone No. \_\_\_\_\_

HEALTH HISTORY

Since I treat a very wide range of conditions, there is no way to have one intake form cover everyone. The general rule is that the more information you give me, the more I will be able to help. However, some things clearly may not be appropriate, so please only fill out the sections that are relevant to the reason for your visit. We will cover this information in some detail during the first session if you need to elaborate or would prefer to discuss this in person. All information is strictly confidential except as articulated in the Mandatory Disclosure form.

Current Health Problems and Conditions (*other than primary reason for your visit – e.g.: heart conditions, panic attacks, communicable diseases, insomnia, etc.*)

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Medication and/or Drug History (*please include the name and dosage, what the medication does, and any side effects – also, please note any significant use of recreational drugs or alcohol*)

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Surgeries and Hospitalizations (*please include reasons, recovery, complications, and anesthesia*)

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Trauma History (*please include anything which you perceived as traumatic on any level – physical, mental, emotional, spiritual, sexual, or energetic*)

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Birth History – your own birth (*please include complications, anesthesia, drugs administered to mother or baby, forceps, vacuum extraction, C-section, premature birth, number among siblings, etc.*)

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Current Exercise Program and its Frequency

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Eating Habits Including Water Intake

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Is there anything else that you feel it is important for me to know?

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## FEES, POLICIES AND AGREEMENTS



### FEES

**Regular Treatment:** \$120 for 60 minutes.

**Remote Treatment via Skype or Phone:** \$150 for 60 minutes.

**Couples Therapy:** \$180 for 90 minutes.

**Hospital Care:** \$200 for the first 60 minutes. \$50 for each 15 minute segment after the first hour.

NB: In some cases a travel fee of \$50 per hour may apply.

**Cancellation Policy:** A minimum of 24 hours notice is required for the cancellation of any and all appointments. Failure to do so will result in an automatic \$120 cancellation fee. Treatments cannot resume until all payments have been made.

**Discounted Sessions:** A limited number of discounted sessions are available. Please contact me if you'd like to be placed on the waiting list for these sessions.

NB: A \$5 charge will be added for all credit or debit card transactions.

### POLICIES AND AGREEMENTS

1. I understand and agree that I am ultimately responsible for payment of all professional services rendered.
2. I understand that I am obligated to give a minimum of 24 hours notice for the cancellation or rescheduling of all appointments. In the event that I fail to give 24 hours notice, I agree to pay a \$120 out-of-pocket cancellation fee.
3. I agree to binding arbitration in Boulder County of any disagreement, dispute, legal claim, or civil action relating to therapeutic services rendered by D. Jones, Inc./Doug Jones. The arbitration shall apply Colorado law, both parties will share the costs of arbitration equally, and if necessary either party may enforce the decision or judgement of the arbitrator in any court having jurisdiction.

I have read and understood the above information to my satisfaction. I have had an opportunity to have any and all questions answered about this information.

Printed name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## MANDATORY DISCLOSURE STATEMENT



As an unlicensed psychotherapist in the State of Colorado, I am required by law to provide you with information concerning my credentials and professional training as well as your rights as a client.

**Douglas E. Jones**      601 West Mulberry Street      Appointment: 303.665.2800  
Louisville, CO 80027      Fax: 303.665.2434

### CREDENTIALS AND TRAINING

Advanced Degree in Core Process Psychotherapy, Boulder, CO 2001  
Advanced Cranial Coursework: *"The Inherent Treatment Plan,"* Boulder, CO 2001  
Advanced Cranial Coursework: *"The Neuro-Endocrine-Immune Connection,"* Boulder, CO 2000  
Advanced CranioSacral Training, Boulder, CO 1998-2001  
RCST – Registered CranioSacral Therapist, Boston, MA 1996-1998  
APP – Associate Polarity Practitioner, Boulder, CO 1993  
CTB – Corrective Tissue Biomechanics Certification, Lakewood, CO 1992  
CMT – Certified Massage Therapist, Evergreen, CO 1991  
Certified Instructor of Ki Development, Tokyo, Japan 1987-1990  
Certified Instructor of Ki Aikido, Tokyo, Japan 1987-1990  
BA in Political Economics/History, Hillsdale College, MI 1985

As an unlicensed psychotherapist in the State of Colorado, my work is regulated by the following agency:

Department of Regulatory Agencies  
Colorado Mental Health Section  
1560 Broadway, Suite 1340  
Denver, CO 80202  
Telephone: 303.894.7766

### CLIENT RIGHTS

A client is entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure.

The client may seek a second opinion from another therapist or may terminate therapy at any time.

In a professional relationship, sexual intimacy is never appropriate and should be reported to the board that regulates, registers, or licenses such unlicensed psychotherapist, registrant or licensee.



*Please turn the page*

The information provided by the client during therapy sessions is legally confidential and privileged in the case of unlicensed psychotherapists with the following exceptions:

1. Clinical and/or peer supervision.
2. Client signs a waiver releasing confidentiality.
3. Communication made outside of confidential relationship.
4. Lawsuit filed by client or executor against unlicensed psychotherapist.
5. Complaint/Inquiry filed by client or executor against unlicensed psychotherapist resulting in services review.
6. Criminal proceedings such as criminal insanity.
7. Reporting of child abuse and neglect. Specifically, this is when the unlicensed psychotherapist knows or suspects abuse or neglect as well as circumstances or conditions which might, reasonably, result in abuse or neglect. Legally, I am a mandated reporter of child abuse and neglect.
8. Duty to warn when there is a serious threat of imminent physical violence against specific person or persons.
9. Care and treatment of the mentally ill.
10. A court-ordered evaluation by a mental health professional for the allocation of parental responsibilities if the child in question is younger than 15 years old.
11. Subpoenas and court orders.

I have read and understood the above information to my satisfaction. I have had an opportunity to have any and all questions answered about this information.

I understand that I can request a copy for my records.

Printed name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## DIRECTIONS



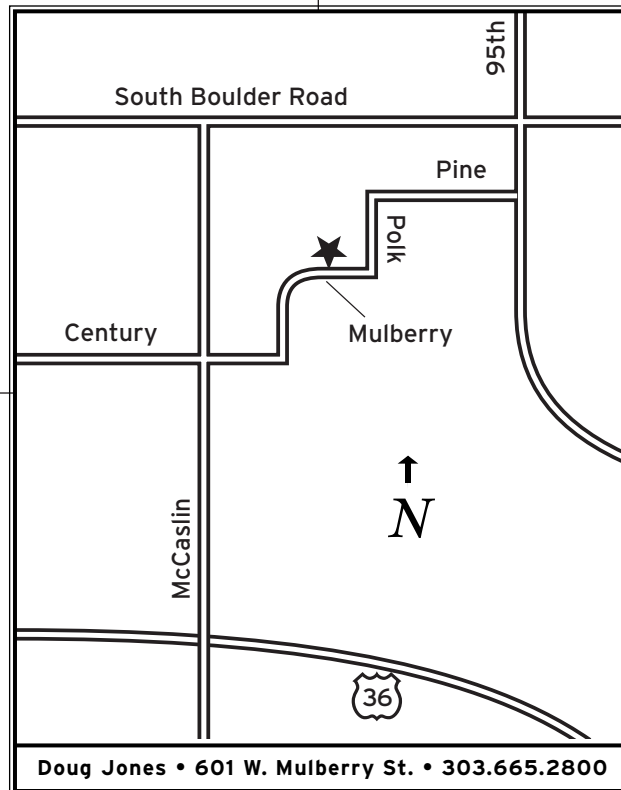
### FROM HIGHWAY 36

Exit US Hwy 36 at the Louisville/Superior exit and head east (turn left coming from Boulder, right coming from Denver). Turn right at Century. Take the second left onto Mulberry St. Follow Mulberry for about 1 mile. The house is yellow and will be on your left. There is a path to the left of the garage which will lead you to the treatment room. Please do NOT knock. Come inside, remove your shoes, and head upstairs. There is a waiting room and bathroom at the top of the stairs.

### FROM SOUTH BOULDER ROAD

Take South Boulder Road east and turn right at the top of the big hill onto McCaslin. Turn left at the second signal onto Century. Take the second left onto Mulberry Street. Follow Mulberry for about 1 mile. The house is yellow and will be on your left. There is a path to the left of the garage which will

lead you to the treatment room. Please do NOT knock. Come inside, remove your shoes, and head upstairs. There is a waiting room and bathroom at the top of the stairs.



### FROM LAFAYETTE

Take South Boulder Road west and turn left onto Hwy 42/95 Street. Turn right at the first signal onto Pine Street. Follow Pine for about 1 mile and turn left onto Polk. Take the second right onto Mulberry Street. It is the fourth house on your right. There is a path to the left of the garage which will lead you to the treatment room. Please do NOT knock. Come inside, remove your shoes, and head upstairs. There is a waiting room and bathroom at the top of the stairs.

### FROM LONGMONT OR NIWOT

Take Hover/95th St. south until you cross South Boulder Road. Turn right at the first signal onto Pine Street. Follow Pine for about 1 mile and turn left onto Polk. Take the second right onto Mulberry St. It is the fourth house on your right. There is a path to the left of the garage which will lead you to the treatment room. Please do NOT knock. Come inside, remove your shoes, and head upstairs. There is a waiting room and bathroom at the top of the stairs.