

# A Counseling Center, P.C.: CLINICAL FORMS CHECK LIST

Client's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Admission Date (first appointment) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Kevin Everett FitzMaurice, M.S., NCC, CCMHC, LPC  
Counselor's Name

<b>FORM</b>	<b>DATE DONE</b>
<b>FORMS REQUIRED FIRST SESSION</b>	
1. Insurance Benefits/Authorization Questions	
2. Consent for Services: Did parents/guardian sign? <input type="checkbox"/> yes <input type="checkbox"/> no	
3. Primary Data Form: Must include Emergency Contact information	
4. Financial Form: Did parents/guardian sign? <input type="checkbox"/> yes <input type="checkbox"/> no	
5. Cancellation Policy and Contract: Did parents/guardian sign? <input type="checkbox"/> yes <input type="checkbox"/> no	
6. HIPPA Notice—Our Privacy Policy: Did parents/guardian sign?	or N/A
7. Release of Information insurance company: Did parents/guardian sign?	or N/A
8. Release of Information medical doctor: Did parents/guardian sign?	
9. Release of Information MI hospitalizations: Did parents/guardian sign?	or N/A
10. Release of Information other: _____: Did parents/guardian sign?	or N/A
11. Medication Form: Intake	
12. No-Self Harm Contract	
13. Client's Rights and Responsibilities Brochure: Given and Reviewed	
14. Counselor's Orientation Brochure: Given and Reviewed	
15. 12 Limits of Confidentiality Handout: Given and Reviewed	
16. Orientation for Empowerment Counseling & Beliefs Regarding Change Handouts: Given and Reviewed	
17. Behavioral and Emotional Problems Check Lists: Both Completed	
<b>FORMS REQUIRED THIRD SESSION</b>	
18. Treatment Plan: First	
19. Social History/Pretreatment Assessment	
20. Release of Information psychiatric/psychological evaluation/report	or N/A
21. First Supervisor Staffing 30 Days from Intake	
<b>FORMS REQUIRED ONGOING</b>	
22. Supervisor Staffings Every 30 Days	
23. Treatment Plan: Updates <input type="checkbox"/> yes <input type="checkbox"/> no and circle: 2, 3, 4, 5, 6	
24. Medication Form: Ongoing	or N/A
25. Release of Information for other: _____	or N/A
26. Discharge Summary: 30–90 Days after No Services	
27. Follow-Up Contact: 3 Months and 6 Months After No Services	
28. Miscellaneous Forms: Incident Report/Change of Status: <input type="checkbox"/> yes <input type="checkbox"/> no	or N/A