

INITIAL SESSION CHECKLIST

Introductory information

- _____ Obtain client's contact information.
- _____ Obtain client's emergency contact information.
- _____ Provide client with a summary of your treatment methods and your background.

Office policies

- _____ Explain practice privacy and confidentiality policies.
- _____ Ask the client to read and sign a HIPAA compliance statement.
- _____ Explain your fees and methods of collecting payment.
- _____ If requested, give your client an application for reduced fees.
- _____ If appropriate, give your client a written copy of your Sliding Scale.
- _____ If you accept insurance, discuss the requirements of your client's plan.
- _____ Discuss your appointment and cancellation policies.
- _____ Other Policies _____
- _____ Other Policies _____

Explanation of clinical process

- _____ Give your client an overview of what to expect in therapy.
- _____ Discuss the estimated length of therapy.
- _____ Discuss therapy methods and techniques.
- _____ Discuss use of homework assignments.

Intake

- _____ Personal history.
- _____ Symptoms checklist.
- _____ Presenting problems.
- _____ Medical history and medications.
- _____ Review previous therapy experience.
- _____ Goals and expectations for therapy (e.g., anticipated outcomes).
- _____ Treatment plan.
- _____ Address client questions or concerns.