

APPLICATION CHECKLIST

Please complete the following information and return to Evergreen Consultants.

- _____ Registration Form
- _____ Autobiography
- _____ Application Deposit (\$250)
- _____ Release of Information

DATE: _____ **Date of Birth:** _____ **Age:** _____

Name of Patient: _____

Address: _____

City	State	Zip
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Telephone: _____

Home	Work	Cell/Pager
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Social Security No. _____ **Employer:** _____

Height	Weight
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Spouse: _____ **Date of Birth:** _____ **Age:** _____

Employer	Social Security Number
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Others in Family or Living at Home:

Name	Sex	Birth Date	Age	School/Grade
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Presenting Problem: _____

What are your goals in therapy? _____

Referral Source: _____

YOUR AUTOBIOGRAPHY

Please provide the following information:

Family of Origin:

- Describe what you know about your birth family: age of parents, number of siblings, family dynamics, abuse and/or neglect, drug and alcohol abuse, crime, etc. Describe your mother and father (positive and negative).
- If you were separated from your birth mother as a child, list the number of disruptions (moves away from a family) you have experienced, reason for each, length of time and age in each placement, and what degree of abuse, neglect or nurturing you received in each placement.
- Describe your first three years of life:
 - Quality of prenatal care, birth and postnatal care?
 - Did your mother suffer postpartum depression?
 - How did you respond to holding, eye contact and nurturance?
 - What kind of emotional support was available for your mother during your early years?
- How did your parents show affection to each other and their children?
- How did your parents handle disagreements and conflicts; what were their main methods of discipline?
- How many siblings do you have and what role did each sibling play in the family?

Medical History:

- Describe any medical problems you have experienced: e.g. inner ear problems, colic, hospitalizations, premature birth, lack of prenatal care, etc.
- List any current/past illnesses/injuries that has impacted you or your family.
- Discuss history of alcohol or drug abuse.
- Describe previous therapy you have had, duration and results.

Marital History

- Describe your current marriage (positive and negative); i.e., intimacy, communication, problem-solving, togetherness.
- Write a brief description of any previous marriage(s).

Current Family:

- List your children and give a brief description of each child.
- What concerns do you have with any other member of the family?
- How large of a role (if any) does religion play in your family?
- Describe positive attributes, strengths and support systems?
- Describe previous therapy you have had, duration and results.
- Describe your hopes, fears and concerns around coming to Evergreen Consultants and addressing your attachment issues.

**TWO-WEEK INTENSIVE
FEE SCHEDULE**

TWO WEEK TREATMENT PROGRAM

Application Fee (applied towards treatment if accepted into program)\$ 250

Clinical Fees.....\$7,000

* 50% deposit due when scheduling treatment; remainder due on first day of treatment

Hometown (Follow-up) TherapistNo charge

Follow-Up Consultation (with parents and hometown therapist)No charge

- Transportation and lodging not included.
- Visa and MasterCard accepted.

Refund Policy:

Cancellation of 45 or more days prior to treatment:
full refund less \$500.

Cancellation less than 45 days prior to treatment:
\$3,500 deposit will be forfeited.

I have read the above Fee Schedule for the two-week intensive and I understand and agree to abide by the terms for payment as set forth in it.

Signed: _____
Client's signature

Date

Evergreen Consultants in Human Behavior LLC

**28000 Meadow Drive, Suite 206, Evergreen, CO 80439-8345 (303)
674-5503 FAX (303)674-7665**

email: evcons@aol.com website: www.attachmenttherapy.com

CONSENT FORM FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____

hereby authorize Evergreen Consultants in Human Behavior LLC to release unto and receive from

_____ any and all information contained in the record of

_____ for professional use only.

I understand that my records are protected under the Federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance to it (e.g. probation, parole, etc).

This consent will expire _____.

Parent, Legal Guardian, or County Representative

Date

Evergreen Consultants in Human Behavior LLC

Date