

First Appointment Orientation

Thanks for selecting Dr. Mark D. Ogletree as your marriage and family counselor. The following information is intended to assist you in making your first appointment as productive and comfortable as possible.

Before You Arrive:

1. Please download, print, complete, and review the intake forms found on Dr. Ogletree's Website [see www.doctreefam.com] under the client forms and fees tab. If you do not have access to a computer or the internet, forms are available at the office.
2. Please take time to identify your main goals in counseling. While these goals may shift over time as we begin to work on the problems at hand, taking time to identify these goals in advance will make your first session more focused. Furthermore, please identify some of the signs or indicators that you would need to see, feel, or experience in order to feel that your treatment goals have been met. Although we will work on these issues in our sessions, your giving this some thought in advance will be extremely helpful.
3. Coming to see a marriage and family therapist is a significant, and often "nerve wracking" experience for most people, especially the first time. Please be assured that our visits are confidential, and no one will know that you are involved in counseling.

On the Day of your Appointment:

1. Be prepared for a great experience. Always come having completed your homework assignment from the session before. If it is your first appointment, then come with the intake forms prepared.
2. Email me for a map or directions on how to get to the office. My email address is doctreefam@gmail.com

After Your Appointment:

1. Counseling can be emotionally draining at times because the nature and content of the sessions. Taking good care of yourself after a session is important and can help the sessions content be processed more effectively. You may not want to have a counseling session on the day of a major event in your life.

Disclosure Statement

About Mark D. Ogletree, M.A., L.P.C., Ph.D.

Education:

B.A. in *Human Resource Development*, Brigham Young University, 1987

M.A. in *Educational Psychology*, Northern Arizona University, 1990

M.A. in *Mental Health Counseling*, Northern Arizona University, 1994

Ph.D. in *Family and Human Development*, Utah State University, 2000

License and Professional Affiliations:

Licensed Professional Counselor (L.P.C.) Texas, # 19816

National Council of Family Relations (*NCFR*)

Association of Mormon Counselors and Psychotherapists (*AMCAP*)

In practice, the framework used by Dr. Ogletree is influenced by systems theory, brief-solution focused therapy, and gospel therapy models. From a systemic perspective, there are relational, cultural, spiritual, environmental, and family factors that affect one's health and well-being. Therapy is most effective when combined with self help efforts, healthy life style patterns, and at times, medication (when deemed necessary by a medical professional).

Dr. Ogletree's mental health record keeping involves computer written notes from therapy sessions. Notes are password protected. The Texas State law mandates that these records are stored on file for seven years, and then they are deleted.

Fees, Payment, and Billing

Full payment is due at the end of each session. Counseling sessions are 45-50 minutes in length and are billed at the rate of \$100-\$125 per session.

Fee's may be paid in cash or with personal checks. Additionally, all major credit cards are accepted through the Pay Pal option on the website: www.doctreefam.com. Dr. Ogletree is also a network provider with Aetna and Cigna. Clients can also seek reimbursement from their insurance providers after they have made payments to Dr. Ogletree.

Except for unpredictable emergencies and unique circumstances, payment will be expected for missed appointments. Clients who do not notify the office of a cancellation within 24 hours will be charged \$100 in order to cover the cost of office space reserved for your appointment. Please understand that since Dr. Ogletree sees a limited number of clients, there is usually a waiting list to get in; therefore, missed appointments not only effect your care, but also the availability for others to receive care.

Client Signature

Date

Spouse/Parent/Guardian

Date

Mark D. Ogletree, M.A., L.P.C., Ph.D.
Texas Licence Number: 19816

Date

Informed Consent Form (Fees & Billing)

Mark D. Ogletree, M.A., L.P.C., Ph.D., in compliance with national, state, and professional ethical standards, is required to disclose all billing and financial matters regarding your therapeutic services. As a client, you understand that:

1. The customary rate for Dr. Ogletree's services in \$100 to \$125 per 50 minute session.
2. You will also be billed \$100 for not giving a 24 hour notification of cancellation. This outstanding balance must be paid prior to additional therapeutic services being provided.
3. Your fee is due at the end of each session. If you would like to be billed monthly, please let Dr. Ogletree know.
4. You will be billed for out-of-session fees such as telephone consultations, crisis intervention, report writing (outside of regular session notes and forms), care coordination (i.e. with primary care physicians and psychiatrists) at a rate of \$25 per 15 minute block of time in excess of 5 minutes.
5. Courtroom visits are \$200 an appearance.

Client Signature

Date

Spouse/Parent/Guardian

Date

Mark D. Ogletree, M.A., L.P.C., Ph.D.
Texas Licence Number: 19816

Date

Privacy Notice

In order to comply with Texas State Laws, Dr. Ogletree has implemented the following policy regarding privacy and confidentiality.

Dr. Ogletree holds client record and information confidential and will only use your information for the following reasons: treatment, payment and health care operations. The following is a list of whom your information may be disclosed to, *if needed*:

- Primary care physicians
- Psychiatrists
- Therapists
- Medical Specialists
- Diagnostic facilities
- Hospitals
- Labs
- Billing and collection services

Release of information to any other entity not listed above will require a signed authorization from you or your guardian. This request must be dated, show who the information is to be released to or requested from, the specific information to be released or requested. This request will also have an expiration date after which point a new authorization is needed to allow further contact.

You can review and obtain copies of your records. Upon receiving a written request for the records, the file will be made available within 10 days of your request.

I acknowledge that I have reviewed this privacy notice and understand what it entails.

Client Signature

Date

Spouse/Parent/Guardian

Date

Mark D. Ogletree, M.A., L.P.C., Ph.D.
Texas Licence Number: 19816

Date

Intake Form

The purpose of this questionnaire is to obtain a comprehensive understanding of your life experience and background. Completing these questions as fully and accurately as you can will benefit you through the development of treatment program suited to your specific needs. Please return this questionnaire when completed, or at your scheduled appointment.

Please Completely Fill Out the Following Pages:

Name _____ DOB _____

Address _____
Street City State Zip Code

Telephone numbers: _____
Cell Home

Email Address(es) _____

Age _____ Occupation _____

By whom were you referred: _____

With whom are you now living (family) _____

Significant relationship status:

___ Single ___ Engaged ___ Married ___ Separated
___ Divorced ___ Remarried ___ Widowed ___ Cohabiting

If married, spouses name, age, and occupation: _____

1. The role of religion and spirituality in your life: _____

2. Clinical:

A. State in your own words the nature of your main problems and how long they have been present: _____

B. Give a brief history and development of your complaints (from onset to present):

C. On the scale below please check the severity of your problem(s):

- mildly upsetting
- moderately severe
- very severe
- extremely severe
- totally incapacitating

D. Whom have you previously consulted about your present problem(s)? _____

E. Are you taking any medication? If "yes," what, how much, and with what results?

3. Personal Data:

A. Date of Birth _____ Place of Birth _____

B. Mother's condition during pregnancy (as far as you know): _____

C. Check any of the following that applied during your childhood:

- | | | |
|--|--|--|
| <input type="checkbox"/> Night Terrors | <input type="checkbox"/> Bed-wetting | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Thumb sucking | <input type="checkbox"/> Nail biting | <input type="checkbox"/> Stammering |
| <input type="checkbox"/> Fears | <input type="checkbox"/> Happy Childhood | <input type="checkbox"/> Unhappy Childhood |

Any others: _____

D. Health during childhood? _____

List illnesses _____

E. Health during adolescence? _____

List illnesses _____

F. What is your height? _____ Weight? _____

G. Any surgical operations? (Please list them and give age and the time)

H. Any accidents? _____

I. List your five main fears:
1. _____
2. _____
3. _____
4. _____
5. _____

J. **Circle** any of the following that apply to you:

- | | | |
|--------------------------------------|-------------------------------------|----------------------------|
| headaches | dizziness | fainting spells |
| palpitations | stomach trouble | anxiety |
| bowel disturbance | fatigue | no appetite |
| anger | taking sedatives | insomnia |
| nightmares | feel panicky | alcoholism |
| feel tense | conflict | tremors |
| depressed | suicidal ideas | take drugs |
| unable to relax | sexual problems | allergies |
| don't like weekends
and vacations | overambitious | shy with people |
| can't make friends | inferior feelings | can't make decisions |
| can't keep a job | memory problems | home conditions bad |
| financial problems | lonely | unable to have a good time |
| excessive sweating | often use aspirin
or painkillers | difficulty concentrating |

Please list any additional problems or difficulties here: _____

K. **Circle** any of the following words which apply to you:

worthless	useless	a “nobody”
“life is empty”	inadequate	stupid
incompetent	naive	“can’t do anything right”
guilty	evil	morally wrong
horrible thoughts	hostile	full of hate
anxious	agitated	cowardly
unassertive	panicky	aggressive
ugly	deformed	unattractive
repulsive	depressed	lonely
unloved	misunderstood	bored
restless	confused	unconfident
in conflict	full of regrets	worthwhile
sympathetic	intelligent	attractive
confident	considerate	kind

Please list any additional words: _____

L. Present interests, hobbies, and activities: _____

M. How is most of your free time occupied? _____

N. What is the highest level of education you have completed? _____

O. Do you make friends easily? _____

4. Marital History:

How long did you know your marriage partner before engagement? _____

How long have you been married? _____

A. Describe the personality of your spouse? _____

B. In what areas is there compatibility? _____

C. In what areas is there incompatibility? _____

D. How do you get along with your in-laws? (This includes brothers and sisters in law) _____

E. How many children do you have? _____
Please list their names and ages: _____

F. Do any of your children present special problems? _____

5. What do you hope to get out of counseling? _____

