

OASIS COUNSELING & EDUCATIONAL SERVICES

8344 E R L Thornton FWY Suite 418, Dallas, TX 75228; PH: 214-435-6414; FAX: 877-773-9382

To make our first meeting more productive, please give accurate and complete responses to every section of this form. If necessary, write additional information in the margins.

Current Date _____

For Individual Therapy

Client's Name: _____ DOB: _____ SSN: _____ -- _____ -- _____

Insurance Name: _____ Insurance Number: _____

Insurer's Name: _____ Insurer's Employer: _____

Insurer's DOB: _____ Insurer's Address: _____

EAP Authorization #: _____ Name of EAP program: _____ EAP Phone#: _____

Client's Address: _____ City/State/Zip: _____

Circle those that apply to the individual: Sex: male Female Verbal: Yes No Ambulatory: Yes No

Preferred Language: English Spanish Others **Guardianship:** Yes/LAR No

Age: _____ Home #: _____ - _____ - _____ Work #: _____ - _____ - _____ Cell #: _____ - _____ - _____

Best Time / Place to call Home Work Cell A.M. P.M.

Emergency Contact Name: _____ Phone #: _____ - _____ - _____

Employer: _____ Hire Date: _____ Position: _____

Circle last year of school completed: 9 10 11 12 GED College 1 2 3 4 Other _____

If full time student, School: _____ City: _____ Phone #: _____ - _____ - _____

Religion: _____ Church: _____ Pastor: _____

For Couples' Therapy:

Spouse's Name: _____ Date of Birth: _____

Marital Problems: _____

Length of marriage: _____ Length of Marital problems: _____

For Client's under care and Minors: State the relationship to the caregiver: Father Mother other: _____

Caregiver's Employer: _____ Best Phone number of the caregiver: _____

Caregiver's Address: _____

Who referred you to OASIS COUNSELING & EDUCATIONAL SERVICES? _____

Marital Status: Single (Never Married) Engaged Married Living Together (Not Married) Separated Divorced

How long have you been on your current status? _____ Are you happy in your relationship? _____

If no, please explain: _____

Total number of marriages for you: _____ For your Spouse: _____

OASIS COUNSELING & EDUCATIONAL SERVICES

8344 E R L Thornton FWY Suite 418, Dallas, TX 75228; PH: 214-435-6414; FAX: 877-773-9382

List of significant others (e.g., brothers, sisters, grandparents, step-relatives, etc) Below:

Child's Name	Age	Sex	Relationship to the individual	Live in the individual home?

List other person (s) living in your home:

Name	Age	Sex	Relationship to you	Live in your home?

When the client has a problem, who would he/she go to? _____

Medical Information:

Primary care Physician: _____ Phone Number: _____

Psychiatrist/Psychologist: _____ Phone Number: _____

List your current medications:

Medication Name	Prescribing Physician	Dosage	Frequency	Comply	Reason for taking this medication

List any allergies you have: _____

Describe your physical health: Excellent Good Adequate Poor

Have you ever been hospitalized for any mental illness or substance abuse? Yes No How long ago? _____

Reason: _____ Hospital: _____ City: _____

Did you continue with outpatient counseling? Yes No

Name of Counselor: _____ Phone number: _____

Significant history/changes in client's/family social functioning:

Check behaviors and symptoms that occur more often than desired:					
	Aggression (Physical)		Fatigue		Property Destruction
	Aggression (Verbal)		Hallucinations		Phobias/fears
	Anxiety		Hopelessness		Sexual Concerns
	Avoiding People		Impulsivity		Sleeping Problems
	Depression		Irritability		Suicidal Thoughts
	Disorientation		Judgment Errors		Self-Injurious Behaviors
	Distractibility		Loneliness		Withdrawing
	Drug Dependence		Memory Impairment		Other _____
	Eating Disorder		Mood Swings		_____

OASIS COUNSELING & EDUCATIONAL SERVICES

8344 E R L Thornton FWY Suite 418, Dallas, TX 75228; PH: 214-435-6414; FAX: 877-773-9382

Eloping	Panic Attacks		
---------	---------------	--	--

Substance Abuse/Chemical Use History

Loss of control	A.M. drinking	Hiding Supply	Prescription abuse
Blackouts	Pre-drinking	Sneaking use	Use to reward self
Unable to stop	Use to reduce stress	Tolerance	Guilt or remorse
Tremors	High Blood Pressure	Hepatitis	Seizures
Ulcers	Nosebleeds	Gastritis	Delirium

Other symptoms, elaborate (including trigger events): _____

Treatment History

Detoxification: _____ Outpatient: _____ After care: _____

Other: _____ Inpatient: _____ Longest abstinence: _____

Problems in Job, School, Home, or Other Role Functions

Suspended License	Disciplined	Using at work/school
Wages garnished	Erratic behavior	Promises to improve
Attendance	Argumentative	Accidents/ safety violations

Counseling History

Date for last counseling session: _____ alone with spouse with child/children family

Current problem(s) or concern(s). Please list how long you have had the problem(s) or concern(s):

1.) _____

2.) _____

3.) _____

What have you done or are currently doing to resolve the problem(s) or concern(s)?

What are your therapy goals?

1.) _____

2.) _____

3.) _____

OASIS COUNSELING & EDUCATIONAL SERVICES

8344 E R L Thornton FWY Suite 418, Dallas, TX 75228; PH: 214-435-6414; FAX: 877-773-9382

Are there any sensory or health problems that impair his/her ability to make or communicate responsible decisions? Yes / No. If yes, describe in detail. _____

Strength's in the mental or emotional status of the client/family:

Areas of Weakness that need Improvement:

Possible Barriers to Treatment:

Leisure/Recreational			
Special areas of interest or hobbies (art, books, crafts, physical fitness, sports, outdoor activities, walking, hunting, fishing, bowling, traveling, etc....)			
	Activity	How often now?	How often in the past?
1			
2			
3			

COUNSELING is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained therapist who has the desire and willingness to help you accomplish your individual goals. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counseling, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. Your therapist is available to support you throughout the counseling process.

Client's Signature:

Parent/Guardian Signature, if applicable:

OASIS COUNSELING & EDUCATIONAL SERVICES

8344 E R L Thornton FWY Suite 418, Dallas, TX 75228; PH: 214-435-6414; FAX: 877-773-9382

Disclosure Statement

Thank you for choosing Oasis Counseling and Educational Services for your mental health needs. In order to help you be more comfortable with the counseling process and make informed decisions, Dr. Okafor has prepared these statements for you to get to know your counselor and her psychotherapy methodologies. Her goal is to provide you with effective counseling and positive outcome(s). She is committed to helping you accomplish your counseling goals. If you have questions or concerns, please do not hesitate to bring them to her attention.

Education, Training, and Experience of your provider

Dr. Okafor received double Masters Degrees in Counseling and Education from University of North Texas, Denton; and a Doctorate degree in Educational Administration and Counseling from Texas A&M, Commerce Texas. She obtained her License (#15688) in the State of Texas in 1996 and is currently a Licensed Professional Counselor Supervisor. Dr. Okafor acquired additional certifications in Solution Focused Therapy, Critical Incidence Stress Management, SASSI administration and scoring (substance abuse), to mention but a few.

Forms of Psychotherapy Approaches

Dr. Mary Okafor is a solution-focused therapist with over 20 years of experience in individual, family, couple and group counseling. She has an enviable track record with emphasis on treatment for depression, anxiety, critical incident stress management (CISM), anger management, post- traumatic stress disorder (PTSD), addictions (substance, sexual and gambling), grief, communication problems, attention deficit and hyperactivity (ADHD), truancy, and conflict resolution in marital, family, job, and school settings.

Dr. Okafor diligently works to restore wholeness to her clients (body, mind and spirit). She believes that any behavior that is learned can be un-learned; therefore, she challenges her clients to rise to the occasion and take control of their lives. She is passionate about the power of choice, attitude and client empowerment, and utilizes those concepts to create a lasting impact and positive changes in her clients. She currently provides mental health services to twenty two networks. Her favorite technique in counseling is the Cognitive Behavior therapy (CBT).

Her hobbies include spending quality time with family and friends, listening to music, dancing, and yoga.

If you have questions or concerns, please do not hesitate to bring them up.

Signature of person receiving services

Date

Signature of parent/guardian/Responsible Party

Date

OASIS COUNSELING & EDUCATIONAL SERVICES

8344 E R L Thornton FWY Suite 418, Dallas, TX 75228; PH: 214-435-6414; FAX: 877-773-9382

Consent for Release of Information

Name (Last) (Frist) (Middle) Case No

Social Security Number: ____--____--_____ Date of Birth: _____

I authorize **Oasis Counseling & Educational Services**, #8344 E R L Thornton FWY Suite 418, Dallas, Tx 75228

To release my mental health record to:

Individual/ Agency/ Organization

Address: Street, City, State and Zip Code

I understand that when the information I requested is given to/or requested from the Individual/Agency/Organization I named above, they will know that the person is/or has been receiving mental health service. Disclosure of information is required for the following purpose. (check one or more): Evaluation Treatment Planning Screening Other (specify): _____

Education, Training, and Experience of our director and provider

Our director and provider Mrs. Ijeoma Onyejiaka’ s highest degree is a Masters in Counseling from Texas A & M University, Commerce. She obtained her licensure as a Licensed Professional Counselor from the State of Texas. She is an eclectic therapist with experience in individual, family, couple, and group counseling. She has an excellent record of successful work with children, adolescents, adults, and elderlies on several disorders including Depression, Anxiety/Phobia, Post-Traumatic Stress Disorders, Anger Management, Grief, and ADHD/ADD, Addiction, Behavioral Issues, Eating Disorders, Life Coaching, Marital and Premarital, Obesity, Oppositional Defiance, Parenting, Relationship Issues, School Issues, Self Esteem, and Self-Harming.

OASIS COUNSELING & EDUCATIONAL SERVICES

8344 E R L Thornton FWY Suite 418, Dallas, TX 75228; PH: 214-435-6414; FAX: 877-773-9382

Forms of Psychotherapy Approaches

Though our favorite forms of psychotherapy approaches are Eye Movement Desensitization and Reprocessing (EMDR), Mindfulness, Trauma-Informed CBT(TB-CBT), and Cognitive Behavioral therapy (CBT). Our counseling styles are tailored to clients' individualized needs to helping them achieve successful resolution of their underlining issues and trauma, resolve their emotional thoughts and memories that are sabotaging their personal growth, cultivate the ability to stay present without their symptoms, and become capable of stopping their past experiences from interfering in their lives.

If you have questions or concerns, please do not hesitate to bring them up. Our goal is to provide you with effective counseling and positive outcome. We will make our utmost effort to helping you accomplish your goals.

Signature of person receiving services

Date

Signature of parent/guardian/Responsible Party

Date

Policies and Procedures on Release of Information

1. Our consent form to release Information/Records must be signed by all clients prior to any release of Information/Record. In a case where a client signed Consent to Release Information/Record for another organization, he or she is also required to sign our own Consent Form to Release Information/Records before any release can take place.
2. Information/Records may not be released on cases that show an unpaid or outstanding balance until the balance is paid in full
3. A minimum of two weeks should be allowed for the release of regular records
4. Fees assessed for the preparation and release of documents are as follows:
 - i. \$60.00 for letter
 - ii. \$100.00 for regular records
 - iii. \$200.00 for FMLA and Disability related document
 - iv. \$300.00 for court related document

(Some agency sharing of records for service coordination may not attract these fees)

OASIS COUNSELING & EDUCATIONAL SERVICES

8344 E R L Thornton FWY Suite 418, Dallas, TX 75228; PH: 214-435-6414; FAX: 877-773-9382

5. Please note that we do not physically represent clients in the Court. We may send records to Courts as needed.

Oasis Counseling and Educational Services, reserves the right to adjust its fees in keeping with its clients' needs. Special circumstances and request for fee adjustment should be brought to our Director's attention for discussion and possible action. Payment is due before or at the start of the time service is rendered. Special payment arrangements can be made; for example, it is possible to arrange for payment to be paid in advance over a period of time or in lump-sum.

Signature of person receiving services

Date

Signature of parent/guardian/Responsible Party

Date

Sessions Cancellation Policy

It is important for clients to attend all their sessions except in a genuine emergency. Cancelled/no-show sessions are counterproductive and increase the time it takes to overcome problems; and sometimes may make it impossible to achieve all goals. It is the clients' responsibility to keep track of their appointments. Our voicemail is available after hours; 24 hours, seven days a week, with a confidential message center. Please give at least 24 hours' notice of cancellation. **We will bill you directly for the same day cancellation/no-show appointments.** Insurance and managed care companies typically do not pay for these sessions.

A client with three consecutive cancellations is required to schedule a meeting with our director to reevaluate and make decision concerning future appointment scheduling. Exceptions are

OASIS COUNSELING & EDUCATIONAL SERVICES

8344 E R L Thornton FWY Suite 418, Dallas, TX 75228; PH: 214-435-6414; FAX: 877-773-9382

(Individual/Couple)

Address:

(Street, City, State and ZIP Code):

I understand that I may withdraw this consent and stop the service at any time.

Signature of person receiving services

Date

Signature of parent/guardian/Responsible Party

Date

FMLA and Disability Forms Completion Policy

We may complete FMLA and Disability forms for clients that have received services from us consistently for a minimum of 6 sessions. This is to help us determine if FMLA or Disability is for the best interest of our clients. Unfortunately, we do not complete these forms for clients that do not meet the above requirement.

Please sign the following statement to indicate that you have read and understood this policy:

I have read and understood the policy concerning FMLA and Disability Forms Completion.

OASIS COUNSELING & EDUCATIONAL SERVICES

8344 E R L Thornton FWY Suite 418, Dallas, TX 75228; PH: 214-435-6414; FAX: 877-773-9382

Signature of person receiving services

Date

Signature of parent/guardian/Responsible Party

Date