



Jenny Key, LCSW

Individual, Family, and Animal Therapy

Intake Questionnaire

Name:

Address:

Phone: C

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W

Date of Birth:

Email:

Services you are seeking (circle one):

1. Equine Assisted Psychotherapy
2. Animal Assisted Therapy
3. Mentoring
4. In-home therapy
5. Other _____

Main concern you wish for Jenny Key to address:

Have you previously received therapeutic services before, and if so, when and why?

What did you find helpful and not helpful?

Do you have a history of mental health concerns such as anxiety, depression, substance abuse, cutting or other forms of self-harm, suicide attempts, psychosis? If so, please describe.

Are you currently under the care of a psychiatrist? If so, please describe the nature of your treatment and provide contact information for your doctor.



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Do you have a history of physical, mental, sexual abuse or neglect? If so please describe. If you do not feel comfortable writing it down, you can talk with me in person when you are ready.

When was your last physical exam? Do you have any acute or chronic physical concerns?

What are your current symptoms, physical or emotional?

Please describe any family history of emotional difficulty or mental health concerns.

What improvements would you like to see in your current life situation?



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Scheduling, Payment, and Cancellation Policies

I look forward to designing a treatment plan to best fit your needs. Regular feedback about my services is important in providing the best care to you, so please let me know how your sessions are going. The following policies are to help ensure quality care: (Please initial next to each)

_____ In order to best accommodate all of my clients, I require a full 24-hour cancellation notice for sessions. All cancellations less than 24 hours are charged the normal session fee. Emergency situations will be considered on a case by case situation. If you have a cold or are not feeling well the day before a session, please let me know if you will be cancelling so that you are not charged. Adolescents often request last-minute schedule changes due to afterschool activities or social preferences. If these requests are made less than 24 hours prior to your appointment, the full fee will be charged.

_____ If you have an issue that needs immediate attention, I will do my best to schedule a session with you as soon as possible. If an emergency arises and you are unable to reach me, please go to the nearest emergency room.

_____ The best times to contact me are during normal business hours Monday-Friday from 9am-6pm. Calls, emails, or texts received after hours will be returned the next business day.

_____ Sometimes clients have questions or would like to share information in between sessions. Before you use email, cell phones, or texts, please also read and sign the social media policy, as these forms of communication are a risk to your confidentiality. Occasional, brief (less than 5 minutes) communication is no charge. Phone calls, emails, or texts with you, your child, or other professional such as school counselors, psychiatrists, or family therapist will be billed at 15 minute increments, at a rate of \$31.25 for 15 minutes. If you request a letter written on your behalf, the same rates apply.

_____ Some clients/parents request that I email them a receipt or bill for services. Please read and sign the social media policy form before agreeing to have your bill emailed, as using email poses a risk to your confidentiality. Receipts or invoices are emailed once a month at the end of the month of service. Payment is due at the time of service unless you request a monthly bill and maintain your account in good standing. Bills not paid within 30 days will automatically be charged a \$25 late fee per month until the account is settled.



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Social Media Policy Disclosure

Many clients and their families find texting and emailing preferred ways to communicate with me. For your safety and well-being, I would like to make you aware that the best way for me to ensure your confidentiality is through a phone call or an in person session. I am willing to email or text with you or your child on a limited basis if you grant permission by signing below.

Please understand that while I offer these forms of communication to better support you, email and texting present a possible risk to your confidentiality should someone in your workplace or household view your email account or text messages. If I receive a text or email that I deem clinically sensitive or that requires an in depth response, I will call you within 24 hours during normal business hours to set up a phone session or in person session. Due to licensing, I am not permitted to give clinical advice over email or text.

Emailing or texting are not appropriate if you are: feeling suicidal, homicidal, a desire to self-harm, are experiencing hallucinations, or if you are experiencing an emergency and need immediate attention of any kind.

I often do not read texts, emails, or listen to voicemail after normal business hours and do not respond to phone calls, texts, or emails received after normal business hours until the next business day. In case of an emergency and you cannot reach me, please call or go to your nearest emergency room.

Please communicate with me your concerns and preferences for texting and emailing. Signing below demonstrates you understand this policy and will communicate your social media preferences with me.

I have read the above information and understand the information provided.

Client Signature & date
(Parent/Guardian signature if under 18)



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Liability Release/Hold Harmless Agreement

I hereby agree to fully and expressly assume and accept any and all risks of injury inherent in equine activities, psychotherapy services, animal-wellness services and community mentoring activities to include transportation services by Jennifer Key in her vehicle. I understand that, except in the event of Jennifer Key's wanton and willful negligence, I am responsible for death, bodily injury, or property damage, which I or my child or legal ward should sustain during treatment with Jennifer Key in the community or at Green Tree Equine Facility. I am also responsible for any attendance or time that I or my child or legal ward shall lose from employment or school or other activity and for medical expenses or any other expenses incurred because of such bodily injury or property damage.

I hereby, for myself, my child or legal ward, my heirs, administrators and assigns release and forever discharge Jennifer Key and Green Tree Equine Facility and their respective servants, agents, officers, and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person, or that of my child or legal charge and/or property. I will defend and hold Jennifer Key and Green Tree Equine Facility, their officers, directors, employees, agents, insurers, and volunteers harmless against any and all damages, liabilities, losses, claims, demands, causes of action, judgments, costs, penalties, and expenses, including reasonable attorneys' fees, arising from any of my, or my child's or legal ward's, negligent or intentional acts or failures to act.

I have read the above information and understand the information provided.

Client Signature & date
(Parent/Guardian Signature if under 18)

Jennifer Key is currently listed in the Boulder Psychotherapy Group, which is located on the Boulder Psychological Services, LLC, website. You should be aware that other than this marketing service, there is no other relationship between Jennifer Key and Boulder Psychological Services, LLC or the Boulder Psychotherapy Group. The professionals listed in the Boulder Psychotherapy Group are each in their own individual practice and do not supervise one another; they are not in a partnership; and they have no responsibility for each other's practice.

I look forward to working with you in a safe, therapeutic, healing environment!