Consent & Statement of Understanding: Audio/Visual Sessions (A.K.A TeleTherapy/TeleHealth)

Client Information	D (OD' d
Name	Date of Birth
I hereby authorize Willow Tree Wellness, LLC and imeans for medication management. Doxy.me is a HI telecommunication. I further attest that since I have I have been advised that it may not be covered by my responsible for any fees incurred during medication telecommunication.	PAA compliant platform for chosen this form of communication, y insurance company and that I am
I understand that I may revoke this authorization at any the extent Willow Tree Wellness, LLC has already taken the date, event, or condition on which this consent expirencice of revocation is received, this consent will expire	a action in reliance on it. I may specify ses. If none is stated, and if no prior
Client's signature (age 12 and older)	Date
Parent/guardian of minor OR of legally disabled recipient	Date
Therapist's signature	Date

CREDIT CARD ON FILE

Payments are due at the time of service. Willow Tree Wellness, LLC recommends a credit, debit, or flex spending/HSA card on file. The credit card on file can be used in order to pay for any copays, co-insurance, deductibles, no shows/late cancellations or out of pocket payments if no other payment method is used at the time of the session or if a late cancellation or no show is incurred (the credit card on file will be charged our \$50.00 on the day of scheduled session for no-show and late cancellations). Clients may also pay by cash or check at each session. Your credit card will be stored in a HIPAA compliant electronic health system and this document will be safely destroyed.

Please check the box and sign below:							
Please charge my card for charges in full for sessions at the time of service.							
Client Name:							
Cardholder Name:							
Credit Card Number:							
Expiration Date:	Billing Zip Code of Credit Card:	Security Code:					
Cardholder's Signature:		Date:					

I understand that by signing above, I am authorizing Willow Tree Wellness, LLC to charge my card in the manner indicated by my initials above. These balances may include copays, coinsurance amounts, out of pocket payments, deductibles, no show or late cancel fees.



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Detailed Medication List

(List of all Medications you are taking)

Medication What For?	Dosage	Prescribed by	Date prescription began

Current Behavioral Symptom Checklist

Symptom Key:

Mild = Impacts quality of life, but not significant day-to-day impairment

Mod (Moderate) = Significant impact on quality of life and/or day-to-day functioning.

Sev (Severe) = Profound impact on quality of life and/or day-to-day functioning.

Past = Experiences in the past, but not within the last 6 months.

Client Name: __

	Mild	Mod	Sev	Past	Symptoms	Mild	Mod	Sev	Past	
Depressed Mood					Appetite Decrease					
Appetite Increase					Guilt					
Sleep less / too much					Elevated Moods					
Bowel or Urinary issues					Hyperactivity					
Fatigue / Low energy					Dissociations					
Feeling Slowed Down					Physical or body complaints					
Poor Concentration					Self-harming behaviors					
Poor Grooming					Significant weight loss					
Mood Swings					Medical Conditions					
Agitation					Emotional trauma					
Emotionality					Physical trauma					
Irritability					Sexual Trauma					
Anxiety					Substance use/abuse					
Panic Attacks					Suicidal/Homicidal thoughts					
Phobias					Racing thoughts					
Obsessions &/or Compulsions					Poor task completion					
Binging and/or Purging					Learning Disability					
Laxative/Diuretic abuse					Developmental Disability					
Anorexia					Property destruction					
Paranoid thoughts					Social Awkwardness					
Delusions					Gambling					
Hallucinations					Spouse/partner violence					
Aggressive Physical Behaviors	; 🔲				Peer Relationship conflicts					
Aggressive Verbal Behaviors					Parent/child relationship conflict					
Childhood Behavior Problems					Infidelity					
Sexual Dysfunction					Sexual orientation concerns					
Grief/loss					Gender identity concerns					
Hopelessness					Legal problems					
Helplessness					Financial problems					
Worthlessness					Anger issues					
Social isolation					Abandonment issues					
Sleep maintenance concerns					Low self-esteem					
Sleep onset issues					Significant weight gain					
Alcohol use/abuse					Impulsive behaviors					
Academic concerns					Memory issues					
Occupational stress					Bullying					
Seasonal depression (SAD)					Nightmares / Night terrors					
Other:	_							_		