



**No Shows, Cancellations, & Payment for Services**

Client Name: \_\_\_\_\_

When you schedule an appointment with our staff, West Texas Counseling & Guidance reserves that time just for you. If you are not going to attend your scheduled appointment, we would like to give another client the opportunity to take that opening. It affects our funding, our ability to budget our staff, and staff salaries when there are missed appointments. That is why we require **24-hour advance notification of cancellation**. Leaving a message with our answering service is fine, even on weekends. The time you called will be posted with the message. If you do not give 24 hours' notice before cancelling your appointment, do not show for your appointment, and/or are more than 15 minutes late more than two times in a three-month period, you may be asked to schedule with another therapist or moved to the WTCG wait list for services. Clients may also be charged a **\$50 missed fee** prior to being seen again. If you are being seen for reduced fee and pay less than \$50 per session, the fee will be your usual session charge. Those seen without a session fee will be charged \$5 per missed session.

Clients with certain insurances cannot be billed the missed appointment fee - Medicaid, Employee Assistance Programs (EAP), or some private insurances. We appreciate the courtesy you extend to us by honoring this agreement. Please note that **we cannot bill your insurance company for missed sessions** or for late cancellations. All clients scheduled to be seen in the appointment must be present in order for the appointment to be considered kept (both partners for couples counseling, etc.)

Certain insurances may not reimburse for some services offered at WTCG; in the event that insurance does not reimburse for a service provided and the client does not qualify for one of several client assistance programs at WTCG, the client will be held responsible for payment for that service.

Counselor Discretion: The counselor may choose to continue to see the client without requiring same- day appointments. The counselor may also waive the \$50 fee.

Weather Related: Missed appointments due to dangerous weather will not count as a late cancellation. Due to the counselors maintaining a set schedule:

- If you are 15 minutes late for 60-minute appointment, you may not be seen.
- If you are 10 minutes late for a 45-minute appointment, you may not be seen.
- If you are 5 minutes late for a 30-minute appointment, you may not be seen.

Court appearance: In the event disclosure of your records or the therapist's testimony are requested by you or required by law, you will be responsible for the costs involved in producing the records and the therapist's normal **hourly rate of \$104.00** for giving that testimony. If a clinician is required to travel to a court location out of town, per diem and mileage are additional costs that you will be responsible for. Such payments are to be made prior to the time the services are rendered by the therapist.

*By signing this agreement, I acknowledge my understanding of all the policies listed above. I accept and agree to all of the above terms during the course of my treatment at West Texas Counseling & Guidance.*

\_\_\_\_\_  
Signature of Client/Guardian or Parent if client is a minor      Date

\_\_\_\_\_  
Signature of WTCG Staff      Date

## Patient Health Questionnaire- 9 (PHQ-9)

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

(Circle your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

**FOR OFFICE CODING**      0   +        +        +       

**=Total Score:** \_\_\_\_\_

**If you circled any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?**

**Not difficult at all**

**Somewhat difficult**

**Very difficult**

**Extremely difficult**

## General Anxiety Disorder (GAD-7)

NAME \_\_\_\_\_

DATE \_\_\_\_\_

	Not at all sure	Several days	Over half the days	Nearly every day
1. Over the last 2 weeks, how often have you been bothered by the following problems?				
• Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
• Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
• Worrying too much about different things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
• Trouble relaxing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
• Being so restless that it's hard to sit still	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
• Becoming easily annoyed or Irritable	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
• Feeling afraid as if something awful might happen	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<i>Add the score for each column</i>				
<b>TOTAL SCORE</b> <i>(add your column scores)</i>				
	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

## The Abbreviated PCL-C

### The Post-Traumatic Checklist – 6-item Civilian Version

These questions are about problems and complaints that people sometimes have in response to stressful life experiences. Please indicate (by circling) how much you have been bothered by each problem **in the past month**.

For these questions, the response options are:

**1**                      **2**                      **3**                      **4**                      **5**  
“not at all”      “a little bit”      “moderately”      “quite a bit”      “extremely”

1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	1	2	3	4	5
2. Feeling very upset when something reminded you of a stressful experience from the past?	1	2	3	4	5
3. Avoided activities or situations because they reminded you of a stressful experience from the past?	1	2	3	4	5
4. Feeling irritable or having angry outbursts?	1	2	3	4	5
5. Difficulty concentrating?	1	2	3	4	5
6. Feeling jumpy or easily startled?	1	2	3	4	5

Notes:

A score of 14 or more is suggestive of difficulties with post-traumatic stress and further assessment and possibly referral for treatment is indicated.

The Abbreviated PCL-C: Lang, A.J., Stein, M.B. (2005) An abbreviated PTSD checklist for use as a screening instrument in primary care. *Behaviour Research and Therapy*, 43, 585-594.

Based on the full PCL by: Weathers, F., Litz, B., Herman, D., Huska, J., & Keane, T. (October 1993). The PTSD Checklist (PCL): Reliability, Validity, and Diagnostic Utility. Paper presented at the Annual Convention of the International Society for Traumatic Stress Studies, San Antonio, TX.