



*Kelly M. Chadwick, LCSW, LLC*

9157 Atlee Road, Suite A Mechanicsville, VA 23116

(804) 937-5344 | kelly@kellymchadwick.com

## Marital Client Confidential Information Form

### Demographics

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Partner Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Partner Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Address: \_\_\_\_\_ OK to send mail? Yes No

City, State Postal: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance

Carrier: \_\_\_\_\_ ID: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Group: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ P. Holder DOB: \_\_\_\_\_

Insurance Billing Address: \_\_\_\_\_

### Therapy

We are requesting Christian based therapy  We would like prayer incorporated into our sessions

Who referred you to me or how did you hear about me? \_\_\_\_\_

Whose idea was it to come to therapy? \_\_\_\_\_

Current reason(s) for seeking therapy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What would you like to accomplish by coming to therapy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Please complete the table below in its entirety for both you and your partner. This information will be used during the marital assessment process.

	You	Your Partner
Religious Affiliation		
Highest level of Education		
Occupation / Employer		
Medical Conditions		
Ever been hospitalized?		
Taking any medications?		
Previously in psychotherapy?		
Alcohol Use? (amount / frequency)		
Drug Use? (amount / frequency)		
Mental Health Diagnoses?		
Suicide Attempts?		
Self-Destructive Behaviors?		
Past/Present Legal Problems?		
Experienced Traumatic Event?		
Social Services Involvement?		
Push/Shove/Harm each other?		
Prior Marriages?		



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## Marital Symptoms

Please check all that apply

Symptoms	You	Partner
Anger		
Sadness or Depression		
Extreme Stress		
Nervous / Excessive Worry		
Loneliness		
Difficulty Sleeping		
Fears about the future		
Suicidal Thoughts		
Difficult Concentrating		
Health Problems		
Inability to Relax		
Difficulty making Decisions		
Chronic Unhappiness		
Headaches		
Lack of Energy		
Helplessness / Hopelessness		
Stomach Issues		
Childhood Physical Abuse		
Childhood Sexual Abuse		
Withdrawn		
Grief / Loss		
Obsessive Compulsive		
Afraid of your partner		
Nightmares		
Overeating		

Symptoms	You	Partner
Self Esteem Issues		
Sexual Difficulties		
Feelings of Inferiority		
Stress of Children		
Stress at Work		
Self-Control Issues		
Impulsive Decisions		
Parenting Conflicts		
Difficulty Communicating		
Lack of Emotional Connection		
Difficulty Managing Conflict		
Difficulty overcoming hurts		
Issues resolving conflicts		
Emotionally Cheated		
Physically Cheated		
Financial Problems		
Issues with equality in marriage		
Post-Traumatic Stress Disorder		
Difficulty understanding		
Difficulty expressing feelings		
Difficulty completing chores		
Family conflicts/lack of support		
Career Difficulties		
Domestic Violence		
Temper / Rage / Aggression		



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## **Relationships**

Please list everyone living in the home including children, friends, and family members

Name	Gender	Age	Please list any Social, Behavioral, or Health problems

Are there any other current relationships that are a significant focus in your life right now?

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## **Supplemental Questions**

How many years have you been married? \_\_\_\_\_

What do you consider your marital strengths? \_\_\_\_\_

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What are your most important hopes or dreams? \_\_\_\_\_

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## Marital and Family Agreement

### Integrity

We both agree to be as honest as possible in our discussions as part of our attempt to improve our relationship. This may mean that difficult or embarrassing events may be discussed. In the event of divorce, we agree not to use the therapy (progress) notes of Kelly M. Chadwick, LCSW against each other for any reason (e.g. child custody, divorce legal proceedings, etc.).

### Professional Fees

Most insurance plans will only cover “medical” illnesses and therefore do not pay benefits for couples therapy. With that being said, you will contact your insurance company directly to verify your mental health benefits and confirm you are covered for marital couples therapy. You are fully responsible for contacting your insurance company to verify benefits and prepare for any expenses that are not covered by your insurance plan. Marital sessions are typically 80 minutes in duration at a rate of \$125 per session. One hour or 60 minute marital sessions are available at a rate of \$100 per hour.

In general, it is recommended for couples to have at least three months of therapy. This can be broken down into once every other week or once a week depending on the individual needs of each couple.

### Limits on Confidentiality

This written policy is intended to inform you, the participants in therapy, that when I agree to treat a couple or a family, I consider that couple or family (the treatment unit) to be the patient. For instance, if there is a request for the treatment records of the couple or the family, I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient (treatment unit).

During the course of my work with a couple or a family, I may see a smaller part of the treatment unit (e.g., an individual or two siblings) for one or more sessions. These sessions should be seen by you as a part of the work that I am doing with the family or the couple, unless otherwise indicated. If you are involved in one or more of such sessions with me, please understand that generally these sessions are confidential in the sense that I will not release any confidential information to a third party unless I am required by law to do so or unless I have your written authorization. In fact, since those sessions can and should be considered a part of the treatment of the couple or family, I would also seek the authorization of the other individuals in the treatment unit before releasing confidential information to a third party.



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However, I may need to share information learned in an individual session (or a session with only a portion of the treatment unit being present) with the entire treatment unit – that is, the family or the couple, if I am to effectively serve the unit being treated. I will use my best judgment as to whether, when, and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult with an individual therapist who can treat you individually.

This “no secrets” policy is intended to allow me to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual’s interests may not be consistent with the interests of the unit being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple or the family. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family or the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination.

We, the members of the (couple/family or other unit) being seen, acknowledge by our individual signatures below, that each of us has read this policy, that we understand it, that we have had an opportunity to discuss its contents with Kelly M. Chadwick, LCSW, and that we enter couple/family therapy in agreement with this policy.

Client One Printed Name: \_\_\_\_\_

Client One Signature: \_\_\_\_\_

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

Client Two Printed Name: \_\_\_\_\_

Client Two Signature: \_\_\_\_\_

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



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## **Marital Therapy Contract**

**Please carefully read the following statements regarding treatment with Kelly M. Chadwick, LCSW.**

1. Couples Therapy starts with an assessment of the relationship past and present.
2. The clients understand the information discussed in couple's therapy is for therapeutic purposes and is not intended for use in any legal proceedings involving partners.
3. The clients agree not to subpoena the therapist to testify for or against either party or to provide records in a court action.
4. By entering couples therapy, the clients understand that working toward change may involve experiencing difficult and intense feelings, some of which may be painful, to reach our goals.
5. The clients accept that such changes can have both negative and positive effects and agree to clarify and evaluate potential effects of changes before we undertake them.
6. There will be times when the therapist may appear on either person's side but in reality is on the side of the marriage.
7. Phone calls/emails between sessions should be used for making appointments, emergencies, or clarifying assignments only. Phone and/or email counseling cannot be provided.
8. If the relationship breaks up and either or both of the clients wish to re-contract with the counselor for individual counseling, the decision on who the counselor works with is at his/her discretion. In some situations, a referral will be made.
9. If the counselor sees either member of the couple for individual sessions or has contact between sessions with either member of the couple, the contents of those contacts will be brought up in the next session with both partners present. No secrets will be kept.
10. Since session time is limited, the clients will try to be concise in presenting their thoughts and feelings.

**We both agree to the above guidelines:**

\_\_\_\_\_  
Client One Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Two Signature

\_\_\_\_\_  
Date