



# Yadullah and Randall Counseling Services

Holistic Wellness

505 Old York Road Suite 100 Jenkintown PA 19046 267.420.0704

## New Patient information

Patient's Full Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Highest level of education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Children: \_\_\_\_\_ Spouse/Partner \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone number \_\_\_\_\_ Work phone number \_\_\_\_\_

Email address: \_\_\_\_\_

Secondary Email address \_\_\_\_\_

Emergency Contact's Name and Number: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Office Number: \_\_\_\_\_

Previous Mental Health Provider: \_\_\_\_\_

Inpatient treatment: \_\_\_\_\_ Detox/ Rehab Treatment: \_\_\_\_\_

Previous/Current Diagnosis: \_\_\_\_\_

Previous Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Reason for services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you been experiencing issues/conflict/problems?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Yadullah and Randall Counseling Services

Holistic Wellness

505 Old York Road Suite 100 Jenkintown PA 19046 267.420.0704

### **Informed Consent and Client Responsibilities**

**\*\*Please sign on the large lines and initial on the small lines below if you agree\*\***

I \_\_\_\_\_, do hereby consent to mental health treatment at 505 Old York Rd Suite 100 19046, with Practitioner(s) Khalilah Yadullah and or Rasheda Randall.

Communication between a client and therapist is privileged and protected by law. No content from our session will be discussed with anyone without your consent. There are exceptions when, by law I am required to break confidentiality. \* \_\_\_\_\_

Payments are made at the end of each session or prior to the session. \* \_\_\_\_\_

Payment plans are available and will be made on a case by case basis. \* \_\_\_\_\_

A 24-hour notice is required to cancel an appointment and not be charged. If a 24 hour notice is not given you will be charged for the full session. \* \_\_\_\_\_

**\*\*Please print and sign on the lines below\*\***

Client's name: \_\_\_\_\_

Parent/Guardian or Person responsible for payment: \_\_\_\_\_

Date \_\_\_\_\_



## Yadullah and Randall Counseling Services

Holistic Wellness

505 Old York Road Suite 100 Jenkintown PA 19046 267.420.0704

### Teletherapy Informed Consent

Please initial and sign if you agree, understand and would like to have Teletherapy sessions.

Teletherapy sessions are now available. Teletherapy sessions allow clients opportunities to participate in sessions while in the comfort of their own home. These sessions are conducted from the privacy of the therapist's office and can be a convenient way for you to attend your sessions. Sessions are secure and HIPPA compliant on the therapist's end. Please make sure you are in a secure setting and using a secure device before starting your session. \* \_\_\_\_\_

Please refrain from being in bed during the session. Please refrain from playing music and having flashing light on during the session. Please refrain from playing with the screen settings during the session when not related to connection issues (ex: changing the background, etc.) Sessions will stop immediately if client is driving, walking, around others/others in the camera view or if the background noise disrupts the session. **Full payment is still expected**  
\* \_\_\_\_\_

Please start your session on time. If issues arise please contact your therapist directly. Without contacting the therapist and 15 minutes after the start time of your session will result in a **no-call-no-show with requirements of full payment.** \* \_\_\_\_\_

Client's name: \_\_\_\_\_

Parent/Guardian or Person responsible for payment: \_\_\_\_\_

Date \_\_\_\_\_

**Substance Use History**

At age: \_\_\_\_\_ Last used: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

At age: \_\_\_\_\_ Last used: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

---

**Legal Status History**

Denies Legal History    Probation    Parole    Pending Charges    History of Charges

**Abuse History**

Physical: Yes/No   At what age \_\_\_\_\_   Reported to Police? Yes/No   Details: \_\_\_\_\_

Sexual: Yes/No   At what age \_\_\_\_\_   Reported to Police? Yes/No   Details: \_\_\_\_\_

Emotional: Yes/No   At what age \_\_\_\_\_   Reported? Yes/No   Details: \_\_\_\_\_

Psychological: Yes/No   At what age \_\_\_\_\_   Reported? Yes/No   Details: \_\_\_\_\_

**Developmental and Medical Health History**

---

---

---

---

**Educational History**

---

---

---

---

**Employment History**

---

---

---

---

**Spirituality and Religion**

---

---

---

**Culture and Ethnicity**

---

---

---

**Family and Relationships**

---

---

---

**Sexuality and Sexual History**

---

---

---

**Support System**

---

---

---

**Other**

---

---

---