

**CHERYL SPARKS, PHD, LPC**

*Hope & Help for Strength & Healing*

175 STRAFFORD AVE, SUITE 360, WAYNE, PA, 19087

INFO@CHERYLSPARKS.COM | 610.687.7734

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**CONTACT INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Are you comfortable receiving emails about scheduling at this address? Y N

Phone Numbers: Preferred Number? Would you like messages left here?

Day \_\_\_\_\_ Y N Y N

Evening \_\_\_\_\_ Y N Y N

Please give the name and number of someone you would like me to contact in case of an emergency:

\_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Religious affiliation: \_\_\_\_\_ How important is faith in your daily life and decisions? \_\_\_ Very important \_\_\_ Somewhat \_\_\_ Not at all

Ethnicity/national origin \_\_\_\_\_

Occupation \_\_\_\_\_

Current relationship status / living situation \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor: \_\_\_\_\_ Last visit: \_\_\_\_\_

Please list any medical conditions or diagnoses and medications: \_\_\_\_\_

\_\_\_\_\_

Is this your first time seeing a therapist? Y N If no, please briefly comment on your experience (when, how was it helpful or not helpful): \_\_\_\_\_

\_\_\_\_\_

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## **INFORMED CONSENT**

### **What will professional therapy be like?**

With couples, my approach is called Emotionally Focused Couples Therapy. I will work to understand each of you and what your experience of the relationship is like for you. In the process, we will work to uncover the negative patterns that have derailed your relationship, and seek to replace them with other ones that are more open and caring. A popular book on this approach is *Hold Me Tight*, by Sue Johnson. Although specific results are not guaranteed, as you gain insight, you may experience new peace and freedom as you risk thinking, feeling, relating and being different in the world.

### **How long will couples therapy last?**

Most likely the decision to end will occur naturally as you accomplish your goals and establish a process of growth. The decision to begin and stop therapy is yours alone, and you may do so at any time. The length of therapy varies, of course, from couple to couple, depending on the level of distress of the relationship and the length of time the distress has been present. If the issues are fairly mild, perhaps 8-10 sessions will be enough; most couples find significant improvement in that amount of time, but need more sessions to get to the point of reliably handling their difficulties well and feeling safe and comfortable in the relationship. You should feel free to discuss how you are doing and how you think therapy is going with me, at any time. Quite often I will meet individually with each partner early in the process to get to know each of you better.

### **What are your credentials?**

I have a master's degree in counseling psychology and a doctoral degree in marriage and family therapy from Eastern University and am a Licensed Professional Counselor in Pennsylvania.

### **What about insurance?**

I am not a participating provider for any insurance plans. You may wish to talk to your insurer to determine whether my services are covered as an out of network provider. I will be happy to provide you with documentation for submitting a claim for reimbursement. You may also elect to use a medical savings account to pay your fees..

### **What about privacy and confidentiality?**

All information shared in this treatment is confidential except in rare or special circumstances, some of which are required by law. These situations include (1) if you express a threat or a serious intent to harm yourself or others; (2) any suspicion of child or elder abuse; (3) a court order to disclose information; (4) contact with a relative or friend in the event that you

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experience a medical emergency. In keeping with professional standards of quality care, I may share parts of your case (but not your identity) with other therapists who provide consultation to ensure that I provide high quality service, or who may provide coverage when I am unavailable. These professionals are also obligated to protect your privacy. For more details, please see the separate notice of privacy practices.

It is my policy to protect your confidentiality by never friending clients on Facebook or other social networks, even after therapy is finished.

When therapy is for a minor, parents or guardians have a right to know how you are doing. I may discuss with them any concerns or worries I or they have about you, or anything you would like me to discuss with them. The specific things you and I talk about will be confidential unless you ask me to discuss them with your parent/guardian, or unless I believe you to be in danger of harm.

In couples and family therapy, I may occasionally ask to see people individually, but as a general rule, all sessions are done together. Secrets can be a roadblock to progress, so my policy is that any essential information shared with me is to be brought into the open with all the members of the relationship. In this way, each person can be assured that they are not being left out of any important discussions. Some secrets can be so destructive that they can destroy any progress made in therapy, and in these cases, if the secret cannot be shared, we may decide to end therapy for the time being.

### **Consent for Email Communication**

You have the option of communicating with me by email. You should be aware that, while all means of ensuring your privacy will be taken, email communication is not considered fully confidential. Emails are to be used for brief communication and for matters such as rescheduling appointments. They are not to be used in place of therapy. Email communications will not be shared with any party except the client, or their legal guardian, without written permission.

### **Payment of fees, no-show and cancellation policy:**

An individual session is 45 minutes. Payment is due at that time and is payable by cash, check or credit card. Your visit has been reserved for you. **A 48 hour notice is required for cancellation or you will be charged a late cancellation fee of \$40.00. Full fee is charged for no-shows or cancellations with less than a 24-hour notice.** Your pro-rated regular fee will be charged for any additional professional services, such as phone contacts over 10 minutes.

### **Consent to treatment:**

By signing this consent, you agree that you have discussed your questions to your satisfaction and consent to psychotherapy. You agree that you understand that psychotherapy is a cooperative effort between yourself and your therapist, and there is no assurance that you will

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feel better, although treatment is expected to be helpful. You understand that specific results regarding therapeutic goals are not guaranteed, and that during the course of therapy, some material may be discussed which may be upsetting. Such discussions may be an essential component of treatment and are only undertaken to support the process of resolving problems.

\_\_\_\_\_ I have been offered a copy of privacy practices.

\_\_\_\_\_ I have been given a copy of Crisis and Emergency Procedures and understand that in case of an emergency or crisis, I am to call 911 or a crisis number.

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

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

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## **Crisis and Emergency Procedures**

I am dedicated to assisting you through difficult life transitions through individual, family, or group therapy. However, I have limits to my availability. I do not offer crisis/emergency or on-call services. This means that I am typically unable to provide immediate responses to emergency calls, especially after office hours. After following the emergency procedure below, I encourage you to call me, leave a voice mail, and I will return your call as soon as I am available after becoming aware of the situation.

1. **IN A TRUE EMERGENCY, CALL 911 FIRST.**
2. Call the appropriate **24-hour crisis hotline** below, or call  
**1-800-SUICIDE (1-800-784-2433)** from anywhere in the US.

Chester County 610-918-2100

Bucks County 215-785-3785

Norristown-Montgomery County 800-452-4189, 610-279-6100

Philadelphia 215-686-4420

Delaware County 610-447-7600, 610-237-4210

3. Please indicate the personal emergency contacts you would like me to call if I believe you to be injured or in danger:

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Name /Relationship to client/phone number(s)

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Name/Relationship to client/phone number(s)

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

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

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### **PRIVACY PRACTICES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We have a legal responsibility under the laws of the United States and the Commonwealth of Pennsylvania, and the ethics of my profession to keep your protected health information private. This policy is effective as of January 1, 2010.

Your health information may be disclosed...

- to a family member, a person responsible for your care, or your representative in case of a medical emergency. Only the information required to obtain services will be shared.
- at your request to your physician or other healthcare provider, in order to coordinate treatment. This requires your written consent.
- if you make a serious threat to harm yourself or another person, I must report this threat. I cannot promise never to tell others about threats you make.
- if there is serious suspicion of child or elder abuse.
- if you are suing someone or are being sued, or if you are being charged with a crime, and you tell the court that you are receiving care from me, I may be ordered to share information about your treatment; please consult your attorney in this situation.
- when I consult with other professionals about parts of your case in order to maintain a high standard of care. In this situation, I do not share identifying information about you.
- for educational purposes with all identifying information removed, in my teaching and training of counseling psychology interns, or for research purposes.

This practice will abide by these regulations and your information will not be disclosed for any other purposes without your written request/consent. You have the right to request a restriction on these usages, but we are not obligated to grant these restrictions.

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

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

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

### Checklist of Concerns

*Confidential*

Please check off any concerns that apply. If you like, feel free to add your own at the end, add notes or details, or correct items to make them more accurate. If you like, circle those that are most important to you.

- I have no problems or concerns.
- Attention problems, lack of concentration
- Changes in situation: new job, loss of job, move, divorce, marriage, \_\_\_\_\_
- Conflict
- Compulsion or behaviors that you can't seem to stop doing: \_\_\_\_\_
- Depression, low mood, sadness, or inability to feel pleasure
- Divorce, separation
- Drug use--prescription meds, OTC meds, street drugs, alcohol
- Eating (over-eating, under-eating, change in appetite or weight)
- Fears, phobias (\_\_\_\_\_)
- Grief, loss, death
- Health or medical problems \_\_\_\_\_
- History of abuse: physical, sexual, emotional, or neglect, or present abuse.
- Housework, chores, schedules
- Pain-- headache, or other \_\_\_\_\_
- Impulsiveness, loss of control, outbursts
- Judgment problems, risk taking
- Legal troubles
- Marriage/couple issues (conflict, distance, affairs, disappointment, etc)
- Memory
- Mood swings
- Motivation
- Obsessions (recurring thoughts, things you can't stop thinking about) \_\_\_\_\_
- Panic or anxiety attacks
- Parenting \_\_\_\_\_
- Perfectionism
- Procrastination
- Sexual issues
- Shyness
- Sleep difficulties (too much, too little, nightmares)
- Spiritual concerns \_\_\_\_\_

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- Suspicions that others are untrustworthy \_\_\_\_\_
- Suicidal thoughts or vague thoughts of death/not existing \_\_\_\_\_
- Temper
- Threats, violence, aggression
- Work or career concerns: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### **Beck's Depression Inventory**

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.     0 I do not feel sad.  
       1 I feel sad  
       2 I am sad all the time and I can't snap out of it.  
       3 I am so sad and unhappy that I can't stand it.
  
2.     0 I am not particularly discouraged about the future.  
       1 I feel discouraged about the future.  
       2 I feel I have nothing to look forward to.  
       3 I feel the future is hopeless and that things cannot improve.
  
3.     0 I do not feel like a failure.  
       1 I feel I have failed more than the average person.  
       2 As I look back on my life, all I can see is a lot of failures.  
       3 I feel I am a complete failure as a person.
  
4.     0 I get as much satisfaction out of things as I used to.  
       1 I don't enjoy things the way I used to.  
       2 I don't get real satisfaction out of anything anymore.  
       3 I am dissatisfied or bored with everything.
  
5.     0 I don't feel particularly guilty  
       1 I feel guilty a good part of the time.  
       2 I feel quite guilty most of the time.  
       3 I feel guilty all of the time.
  
6.     0 I don't feel I am being punished.  
       1 I feel I may be punished.  
       2 I expect to be punished.



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- 3 I feel I am being punished.
7. 0 I don't feel disappointed in myself.  
1 I am disappointed in myself.  
2 I am disgusted with myself.  
3 I hate myself.
8. 0 I don't feel I am any worse than anybody else.  
1 I am critical of myself for my weaknesses or mistakes.  
2 I blame myself all the time for my faults.  
3 I blame myself for everything bad that happens.
9. 0 I don't have any thoughts of killing myself.  
1 I have thoughts of killing myself, but I would not carry them out.  
2 I would like to kill myself.  
3 I would kill myself if I had the chance.
10. 0 I don't cry any more than usual.  
1 I cry more now than I used to.  
2 I cry all the time now.  
3 I used to be able to cry, but now I can't cry even though I want to.
11. 0 I am no more irritated by things than I ever was.  
1 I am slightly more irritated now than usual.  
2 I am quite annoyed or irritated a good deal of the time.  
3 I feel irritated all the time.
12. 0 I have not lost interest in other people.  
1 I am less interested in other people than I used to be.  
2 I have lost most of my interest in other people.  
3 I have lost all of my interest in other people.
13. 0 I make decisions about as well as I ever could.  
1 I put off making decisions more than I used to.  
2 I have greater difficulty in making decisions more than I used to.  
3 I can't make decisions at all anymore.
14. 0 I don't feel that I look any worse than I used to.  
1 I am worried that I am looking old or unattractive.  
2 I feel there are permanent changes in my appearance that make me look unattractive  
3 I believe that I look ugly.

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15. 0 I can work about as well as before.  
1 It takes an extra effort to get started at doing something.  
2 I have to push myself very hard to do anything.  
3 I can't do any work at all.
16. 0 I can sleep as well as usual.  
1 I don't sleep as well as I used to.  
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.  
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 I don't get more tired than usual.  
1 I get tired more easily than I used to.  
2 I get tired from doing almost anything.  
3 I am too tired to do anything.
18. 0 My appetite is no worse than usual.  
1 My appetite is not as good as it used to be.  
2 My appetite is much worse now.  
3 I have no appetite at all anymore.
19. 0 I haven't lost much weight, if any, lately.  
1 I have lost more than five pounds.  
2 I have lost more than ten pounds.  
3 I have lost more than fifteen pounds.
20. 0 I am no more worried about my health than usual.  
1 I am worried about physical problems like aches, pains, upset stomach, or constipation.  
2 I am very worried about physical problems and it's hard to think of much else.  
3 I am so worried about my physical problems that I cannot think of anything else.
21. 0 I have not noticed any recent change in my interest in sex.  
1 I am less interested in sex than I used to be.  
2 I have almost no interest in sex.  
3 I have lost interest in sex completely.

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## INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.

Total Score \_\_\_\_\_

### Levels of Depression

1-10 - These ups and downs are considered normal

11-16 - Mild mood disturbance

17-20 - Borderline clinical depression

21-30 - Moderate depression

31-40 - Severe depression over

40 + - Extreme depression

**A PERSISTENT SCORE OF 17 OR ABOVE INDICATES THAT YOU MAY NEED MEDICAL TREATMENT.**

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Anxiety Inventory: Please put an "x" in the appropriate column for each symptom.

	Not at all = 0	Mildly, but didn't bother me too much = 1	Moderately - it wasn't pleasant at times = 2	Severely - it bothered me a lot = 3
Numbness or tingling				
Feeling hot				
Wobbliness in legs				
Unable to relax				
Fear of worst happening				
Heart pounding/racing				
Unsteady				
Terrified or afraid				
Nervous				
Feeling of choking				
Hands trembling				
Shaky / unsteady				
Fear of losing control				
Difficulty in breathing				
Fear of dying				
Scared				
Indigestion				
Faint / lightheaded				
Face flushed				
Hot/cold sweats				
Total of each column x point value of that column				

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Grand Total: \_\_\_\_\_

## **Interpretation**

A grand sum between 0 – 21 indicates very low anxiety. That is usually a good thing. However, it is possible that you might be unrealistic in either your assessment which would be denial or that you have learned to “mask” the symptoms commonly associated with anxiety. Too little “anxiety” could indicate that you are detached from yourself, others, or your environment.

A grand sum between 22- 35 indicates moderate anxiety. Your body is trying to tell you something. Look for patterns as to when and why you experience the symptoms described above. For example, if it occurs prior to public speaking and your job requires a lot of presentations you may want to find ways to calm yourself before speaking or let others do some of the presentations. You may have some conflict issues that need to be resolved. Clearly, it is not “panic” time but you want to find ways to manage the stress you feel.

A grand sum that exceeds 36 is a potential cause for concern. Again, look for patterns or times when you tend to feel the symptoms you have circled. Persistent and high anxiety is not a sign of personal weakness or failure. It is, however, something that needs to be proactively treated or there could be significant impacts to you mentally and physically. You may want to consult a counselor if the feelings persist.