

Please circle if you are experiencing any of the following:

Suicidal ideation / Depression / Aggression/ Anxiety / Panic / Appetite or Eating Problems /
Impulse / Fear / Sleep Disturbance / Anger /Irritability / Mood Swings / Relationship
Struggles / Grief / Low Self-Esteem / Addictive Behavior/ Other:

Have you ever felt that you don't want to live? Yes/no

Have you ever been treated for substance abuse? Yes/no Yes/no

If yes: for which substance(s)?

Were you adopted?

Where did you grow up?

If siblings, how many?

Did your parents divorce or separate?

If so, how old were you when they separated?

When your mother was pregnant with you, were there any complications during the pregnancy or birth?

Describe your mother and your relationship with her:

Briefly, list any significant life events that you feel still impact you today:

What do you get joy, satisfaction, or support from, in your life now?

What do you consider your personal strengths?

Do you have a spiritual tradition that is meaningful for you?

How often you exercise, and how?

What hopes and dreams give, or would give you, excitement about the future?

Is there anything else that you would like me to know?



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COUNSELOR DISCLOSURE STATEMENT

Welcome to my practice. This document contains information regarding my professional services and business policies, as well as information concerning your rights and responsibilities as a client. Colorado law requires that I obtain your signature acknowledging that I have provided you with this information. Please don't hesitate to ask questions you might have regarding this information.

COUNSELING ORIENTATION, TRAINING, AND PROFESSIONAL EXPERIENCE

Participating in counseling is a means of becoming more aware of yourself, your patterns of thinking, feeling, and behaving, and of taking charge of your life. Many people seek counseling for relief of the stress, pain, or suffering they are experiencing in their lives, be that on a physical, mental, emotional or spiritual level. In my counseling practice, as in my personal life, I find that stress, discomfort, or even pain can be a powerful catalyst for positive change. When we can find ways of bringing our full creativity, intelligence and compassion to the challenge of looking deeply into our lives, counseling becomes the beginning of a life-long process of self-reflection, self-discovery and liberation from confining definitions of self, others and the world we live in.

I received my M.A. in Clinical Counseling in 2015, from The University of Northern Colorado (UNC), and my B.A. from Naropa University in 1991. I have over 30 years experience practicing and teaching in body-centered therapies, working with people of all ages. My current passion is clinical work in community mental health. In my private practice, I practice bodywork modalities and body-centered counseling. My work is relationally oriented, person-centered, psychodynamic, and focused on helping with behaviors that detract from quality of life. I employ psycho-education and mindfulness skills as an important part of therapy. I have experience working with anxieties, depressions, traumas, addictions, psychosis, and personality disorders. Observing people's lives change course and transform is incredibly rewarding for me - I feel honored to be able to work with others in healing their wounds as they move toward a more fulfilling life. I see my role as supporting you in actively inquiring into, cultivating, and mobilizing your innate potential for learning, growing, and healing, and for transforming personal suffering into a new way of embracing life.

COLORADO REGULATORY RESPONSIBILITIES

The Colorado Department of Regulatory Agencies (DORA) has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school

psychologists practicing outside the school setting, and unlicensed individuals who practice psychotherapy.

The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the Department of Regulatory Agencies, Division of Registrations, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800.

CLIENT RIGHTS REGARDING TREATMENT AND IMPORTANT INFORMATION

You have the right to receive information from me about my methods of therapy, the duration of your therapy (if I can determine it), and my fee structure. Please ask if you would like to receive this information. You also have the right to participate in setting treatment goals, to seek a second opinion from another therapist, or to terminate therapy at any time. If you decide to terminate therapy, I request that you come in for a final session for closure.

In a professional relationship such as ours, sexual intimacy between a therapist and a client is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, Mental Health Section.

CONFIDENTIALITY

Generally speaking, all information provided by and to a client during therapy sessions is legally confidential and may not be revealed to others, or in any court of competent jurisdiction in the State of Colorado, without your written consent, except where disclosure is required by law, as listed in the Colorado Statutes (C.R.S. 12-43-218). Disclosure is required where there is a reasonable suspicion that a child, elderly person, or disabled person is being abused. It may be required when a patient presents a serious danger to themselves or others. It may also be required as a part of a legal proceeding. At times, I consult with other professionals about client issues, but do not use names, unless I have your written permission to do so.

APPOINTMENTS AND CANCELLATIONS

Appointments generally last 1 hour, though shorter or longer sessions may be arranged. Please arrive on time to receive the full session time. I ask for 24 hour notice for any non-emergency cancellation and changes.

FEES

Siding scale fee for all sessions. If any difficulties arise during the course of treatment concerning ability to pay, I encourage you to discuss them with me so that appropriate adjustments may be made. Payment is due for sessions at the time of service.

EMERGENCIES

If you need to contact me between sessions, my number is 303.499.1234. I will do my best to return messages/texts on the same day, with the exception of weekends and holidays. If you are unable to reach me in a timely manner and are experiencing an emergency, please call the emergency room of your local hospital, or call 911.

At any time during our work together, please feel free to ask any questions you might have, or for additional information.

I have read the preceding information and understand my rights as a client.

Client Signature

Date

Therapist Signature

Date