

## INTAKE SESSION CHECKLIST

CLIENT / GUARDIAN NAME

DATE

**Presenting Problem:** \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_

### 1. Treatment Schedule: *(May be modified as necessary)*

Treatment:	<u>NEUROFEEDBACK</u>	<u>GENERAL BIOFEEDBACK</u>	<u>COUNSELING</u>
Session Length:	45-50 MINUTES	45-50 MINUTES	50 MINUTES
Session Frequency:	3Times/Week	_____	_____

### 2. Scheduling Appointments:

- A. In the initial stages of training, it is often necessary to have neurofeedback sessions 3 times per week. We encourage you to schedule appointments in advance so that times that are most convenient can be reserved.
- B. If it is necessary to cancel an appointment, please make every attempt to reschedule the appointment within the same week so that optimum session frequency is maintained.

### 3. Cancellation Policy

There is **late cancellation fee of \$145.00** for all appointments cancelled with less than 24 hours' notice.

*Please Initial:* \_\_\_\_\_

### 4. Treatment Planning and Evaluation:

A comprehensive treatment plan will be developed based on goals, symptoms and the results of the QEEG. A typical neurofeedback training program takes from 20 to 60 sessions with 40 being the average. An evaluation of the client's progress is made at about 20 sessions. In most cases, a change will be noticeable by the 15<sup>th</sup> session; however, there are people who need more sessions before positive symptom relief can be noticed. The current understanding among neurotherapy providers is that it takes a minimum of 20 neurofeedback sessions for a client to maintain the gains that they have made. Progress will be evaluated around the 20<sup>th</sup> session and recommendations for further training will be made at that time.

*Please Initial:* \_\_\_\_\_

### 5. Fees and Payment:

- A. Initial Consult \$145.00
- B. Quantitative EEG \$825.00
- C. IVA<sup>+</sup> Plus \$145.00
- D. Intake/Assessment/Treatment Planning \$180.00
- E. Biofeedback/Neurofeedback \$145.00
- F. Individual Counseling \$145.00
- G. Other \_\_\_\_\_ \$145.00
- H. *Treatment Program:* Prepayment of 20 biofeedback/neurofeedback sessions is \$2,755.00. This represents a 5% paper-work discount (\$145.00 savings over 20 sessions). If training is discontinued prior to completion of all 20 sessions, any refund due will be calculated on the basis of \$145.00 for each completed session.

*Please Initial:* \_\_\_\_\_

## 6. Limits of Confidentiality:

Your confidentiality will be protected and respected by our staff. Licensed Professional Counselors (LPCs) are legally mandated to breach confidentiality in the following situations:

- A. Abuse of children, elderly, or disabled people.
- B. Threat of harm to self and others.
- C. Under a court order or subpoena

*Please Initial:* \_\_\_\_\_

- Your right to privacy regarding financial issues will be waived if your account has to be turned over to a third party due to non-payment.

*Please Initial:* \_\_\_\_\_

## 7. Communication with Insurance Provider:

Please check the appropriate box:

- I authorize Biofeedbackworks in Virginia, PLLC to communicate with the insurance company about required information to facilitate reimbursement

*Please Initial:* \_\_\_\_\_

- I **do not** authorize Biofeedbackworks in Virginia, PLLC to communicate with the insurance company about required information to facilitate reimbursement

*Please Initial:* \_\_\_\_\_

## 8. Emergency Services After Hours or Between Sessions:

- A. Cell: (540) 931-5100 (emergencies only)
- B. Mental Health Emergencies: 911

## 9. Additional Comments

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I hereby acknowledge my active participation in the formulation of treatment arrangements as stated on pages 1 and 2. I understand its content and agree to abide by these stipulations unless mutually modified at a subsequent time. I also acknowledge receipt of a copy of this document.

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date