

Konomi Togura (Director)
1-15-10 Kimitsudai
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Client Information

Please fill out the information below. The information will help me understand better who you are and what you are seeking from music therapy and/or life coaching. Please fill out this form as completely as possible. If you have any questions, please feel free to ask.

SECTION I: IDENTIFYING INFORMATION

Today's Date: _____

Name _____ Age _____ Date of Birth _____ Gender M, F
Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____ Is it OK to leave a message at home? _____
Occupation _____ Work Phone _____ Contact at work? Yes, No

Marital Status: Single, Married, Co-habiting, Separated, Divorced, Widowed

Name of Spouse/Partner _____ Age _____ Date of Birth _____

Children: Name: _____ Age: _____ Lives with you? Yes, No
Name: _____ Age: _____ Lives with you? Yes, No
Name: _____ Age: _____ Lives with you? Yes, No
Name: _____ Age: _____ Lives with you? Yes, No

Among your friends and family, whom do you count on for support?

In case of an emergency: Emergency contact person _____
Phone _____ Relationship to you _____

Referred to a private music therapy session by: _____

Section II: PREVIOUS THERAPY AND MEDICAL HISTORY

Have you ever had treatment by a psychiatrist, physical/occupational therapist, or music therapist in the past?
_____ Yes, _____ No

If yes, please describe the reasons for treatment.

What treatment helpful? _____ Yes, _____ No

Please list any current or previous health problems.

Please list any medications that you are currently taking (including daily dosage).

SECTION III: DESCRIPTION OF PRESENTING PROBLEM

Please describe your primary reasons for seeking therapy.

How long has this been a concern/problem for you?

Are any events that are associated with or led to this concern/problem (traumatic event, relationship ending, etc.):

In the past/present, what has been helpful to you in dealing with this problem?

Are you currently suffering from any of the following? Please check **all** that apply:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> overeating | <input type="checkbox"/> restless | <input type="checkbox"/> rapid heart rate | <input type="checkbox"/> thoughts of suicide |
| <input type="checkbox"/> taking drugs | <input type="checkbox"/> depressed mood | <input type="checkbox"/> sweating | <input type="checkbox"/> fears/phobias |
| <input type="checkbox"/> crying | <input type="checkbox"/> trembling/shaking | <input type="checkbox"/> anxiety | <input type="checkbox"/> recent weight loss or gain |
| <input type="checkbox"/> shortness of breath | <input type="checkbox"/> excessive drinking | <input type="checkbox"/> low motivation | <input type="checkbox"/> causing harm/pain to self |
| <input type="checkbox"/> muscle tension | <input type="checkbox"/> distrust | <input type="checkbox"/> social withdrawal | <input type="checkbox"/> difficulty concentrating |
| <input type="checkbox"/> aggressive behavior | <input type="checkbox"/> outbursts of temper | <input type="checkbox"/> nervous | <input type="checkbox"/> sexual dysfunction |
| <input type="checkbox"/> nightmares | <input type="checkbox"/> dizzy or lightheaded | <input type="checkbox"/> chest pain | <input type="checkbox"/> feelings of worthlessness |
| <input type="checkbox"/> stomach problems | <input type="checkbox"/> easily distracted | <input type="checkbox"/> fatigue/loss of energy | <input type="checkbox"/> can't fall asleep |
| <input type="checkbox"/> sleeping too much | <input type="checkbox"/> obsessions | <input type="checkbox"/> compulsive behavior | <input type="checkbox"/> decreased need for sleep |
| <input type="checkbox"/> poor self-esteem | <input type="checkbox"/> family problems | <input type="checkbox"/> financial problems | <input type="checkbox"/> abusive home situation |
| <input type="checkbox"/> problems with school | <input type="checkbox"/> housing problems | <input type="checkbox"/> marital problems | <input type="checkbox"/> pain |
| <input type="checkbox"/> death of a loved one | <input type="checkbox"/> childhood trauma | <input type="checkbox"/> problems at work | <input type="checkbox"/> other traumatic events |

other(s):

What substances do you regularly use? Alcohol, Tobacco, Marijuana, Meth, Cocaine,
 Pain Medications, Others: _____

Please describe any other information that you feel is important for the therapist to know.

Please describe your musical experience/preference (i.e., instrument, musical style, a name of the song/artist etc)

Authorization for Treatment

Confidentiality:

The information on this form as well as the contents of therapy conversations will be kept confidential, unless you (the client or parent/guardian) give written consent for their release. In certain situations, therapists are required by law to inform certain individuals or agencies. Situations in which the therapist is required by law to report include: when a therapist has a knowledge of or reasonable cause to believe that child/elder abuse or neglect is occurring (report to Child Protective Services (CPS) or a law enforcement agency), and when a therapist has a knowledge of or reasonable cause to believe that there is intent to harm self or others (report to law enforcement agency).

Records/Video Recording and Your Right to Review Them: Both the law and the standards of my profession require that I keep appropriate treatment records. As a client, you have the right to review or receive a summary of your records at any time, except in limited legal or emergency circumstances or when Konomi Togura, assesses that releasing such information might be harmful in any way. In such a case Konomi Togura, will provide the records to an appropriate and legitimate health professional of your choice. Considering all of the above exclusions, if it is still appropriate, upon your request, Konomi Togura, will release information to any agency/person you specify unless Konomi Togura, assesses that releasing such information might be harmful in any way.

Payment:

Payment is collected at the time of each appointment. Appointment fees are **\$0** per session conducted via phone or office visit (paid by cash or check or card; checks should be made out to Konomi). Additionally, clients will be billed for the therapist's time spent (beyond 10 minutes) reading lengthy client emails or documents, responding to client emails, or preparing written documents as requested by clients (see Electronic Communication Policy document for policy and guidelines about email and electronic communication). The therapist does not accept or bill insurance. However, a summary statement of appointments and payments is available upon request.

Appointments and Cancellation Policy:

Typically, appointments are made weekly for **45 minutes**. However, this can be modified to meet your needs. If you cannot make it to an appointment, please contact Konomi Togura at 929-278-8203 or singerkonomi@gmail.com Cancellation of an appointment must occur at least 24 hours before the appointment. Clients will be billed \$0 for appointments that are cancelled with less than 24 hours notice or if clients fail to attend the appointment.

Successful Outcomes:

The success of your therapy depends greatly on your own ability, desire, and efforts. The therapist cannot offer any guarantee of the success of your treatment. However, you can expect that the therapist will come prepared for each session with the purpose of addressing your needs and the goals you have set for yourself in music therapy. You have a right to be informed about the session process. Please inform the therapist if you are unclear about something or if you feel that the music therapy session is not meeting your needs.

Termination:

After the first couple of meetings Konomi Togura, will assess if she can be of benefit to you. Konomi Togura, does not accept clients who, in her opinion, she cannot help. In such a case she will give you a number of referrals, who you can contact. If at any point during music therapy, Konomi Togura, assesses that she is not effective in helping you reach the therapeutic goals, she is obligated to discuss it with you and, if appropriate, to terminate treatment. In such a case she would give you a number of referrals that may be of help to you. If you request it and authorize it in writing, Konomi Togura, will talk to the music therapist of your choice in order to help with the transition. If at any time you want another professional's opinion or wish to consult with another therapist, Konomi Togura, will assist you in finding someone qualified, and if she has your written consent, she will provide her or him with the essential information needed. You have the right to terminate therapy at any time. If you choose to do so, Konomi Togura, will offer to provide you with names of other qualified professionals whose services you might prefer.

Questions:

Please ask if you have any questions regarding the information on this form or therapy policies or procedures.

Consent for Treatment:

Your signature indicates your consent for Konomi Togura to provide treatment to you and/or family members. Your signature indicates that the information you provided above is accurate and that you have read, understood, and agreed to the terms described above.

 Signature

 Date

 Signature

 Date

 Parent or Guardian

 Date

 Therapist Signature

 Date