

Marie Kerns, Psy.D, MFT

West Los Angeles Office  
520 S. Sepulveda Blvd. Suite 302  
Los Angeles, CA 90049

949-285-5199

Orange County Office  
University Tower  
4199 Campus Dr. Ste.550  
Irvine, CA 92612

Client Intake

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ Cell \_\_\_\_\_

Where may I leave you a message? Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Monthly Income \_\_\_\_\_

Education \_\_\_\_\_ (Last grade completed) School \_\_\_\_\_

Major \_\_\_\_\_ Date Graduated \_\_\_\_\_

Spouse \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Monthly Income \_\_\_\_\_

Education \_\_\_\_\_ (Last grade completed) Major \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Ethnicity \_\_\_\_\_

How were you referred to me? \_\_\_\_\_

Prior therapist \_\_\_\_\_ Dates of treatment \_\_\_\_\_

Presenting Problem (Why you are looking for counseling or therapy today)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**Someone I have permission to contact in case of Emergency**

Client Signature \_\_\_\_\_

**Children:**

Name & Age	Live with you?	Birthdate	Other Parents Name
1.			
2.			
3.			
4.			
5.			

Are your parents still married? \_\_\_\_\_ Your birth order \_\_\_\_\_ (1<sup>st</sup> child etc.)

Quality of relationship with parents' \_\_\_\_\_

Special Issues or concerns with parents \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Siblings:**

Name	Age	Live with you?	Quality of Relationship
1.			
2.			
3.			
4.			
5.			

Special Issues or concerns with siblings \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Legal Issues \_\_\_\_\_

Medical Issues \_\_\_\_\_

Are feeling like hurting yourself today? \_\_\_\_\_

Are feeling like hurting someone else today? \_\_\_\_\_

Please list medication you are taking & dosages

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Doctor \_\_\_\_\_ Last Seen? \_\_\_\_\_

*What would you like me to help you with?*

*List with #1 as the most important.*

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

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Dear Client,

When a new client begins counseling with me, I provide them with an engagement letter to explain some of the ground rules, how I work, and how the therapeutic process may unfold. This is intended to provide important information to you regarding your treatment. I encourage you to read the entire document carefully and to ask me any questions.

I am a Licensed Marriage Family Therapist in California. I am governed by the laws of the State of California and the rules and regulations promulgated by the California Board of Behavioral Sciences pertaining to Marriage and Family Therapists.

I received my Doctorate Degree in Psychology with an emphasis in Marriage, Family Therapy from The California Graduate Institute of The Chicago School of Professional Psychology in 2009.

The counseling approach that I use is best described as integrative psychotherapy. I use a combination of various therapeutic strategies and skills depending upon a client's unique challenges. I have experience in applying many orientations such as Jungian, family systems, object relations, psychodynamic, solution focused, and cognitive behavioral therapy (CBT).

Sessions generally consist of listening to what a client has to say and then responding with a comment or question. **I refrain from giving advice.** I prefer to empower my clients to find their own answers and/or initiate their own changes through a process of facilitating greater awareness about themselves and their issues.

In most cases, it will be imperative that such awareness occurs on both a mental and an emotional level before desired answers materialize, or before desired changes can be achieved. Accordingly, I may occasionally remain silent in order not to interfere with what a client is thinking or feeling. It is normal and natural for strong feelings to arise during the course of psychotherapy. It is not unusual for a client's symptoms to become more pronounced during the course of therapy, although therapy sessions generally assist a client in coping with the experience of painful feelings, difficult memories, or problems relating to others. I invite feedback from my clients about the progress of their psychotherapy and encourage them to share openly and honestly about their experiences of our sessions together *at any time*.

I hold 50 minute sessions, with the frequency and the length of psychotherapy being determined by the client and me. Therapy sessions will ideally continue until the client and I mutually agree that our work is complete unless, of course, the client is mandated to attend counseling-in which case they will terminate in accordance with applicable requirements. It is important to begin sessions on time. My schedule necessitates that our sessions end promptly, which means that a client who arrives late for an appointment will not have the benefit of a full 50-minute session.

I do not charge for missed sessions when I have a 24 hours' notice. **However, I do charge a full session fee for both late arriving clients and sessions missed with less than 24 hours' notice.**

Payment may be made by cash or check (but exact cash is needed since change cannot be given). Checks should be made payable to "Dr. Marie Kerns" I do not take Insurance. Occasionally, I will be out of town. When I am out of town I will do my best to arrange for an alternative session time that works for my client.

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Messages should be left for me only, on my cell phone (949) 285-5199. I do not use email for client communication.

**In the event of an emergency, when physical safety is at issue, you should call “911” or go to the emergency room at any hospital.**

I have both a legal and ethical duty to ensure that what a client and I talk about remains confidential. In addition, both law and ethics require that I divulge the few circumstances under which there are exceptions to that confidentiality.

First, if I have any reason to believe that a child, an elderly person, or a dependent adult is being abused, neglected, or financially exploited, I am legally obligated to disclose such information to appropriate agencies. Laws called “mandatory reporting statues” leave me no room for discretion. In those situations, I must convey my concerns to the requisite authorities.

Secondly, I am obligated to break confidentiality when doing so is necessary to protect an individual’s physical safety.

Finally, certain legal proceedings or The Patriot Act of 2001 may require that I disclose otherwise confidential information. In such event, I will make every reasonable effort to discuss this matter with the client first; it being my preference to make any such disclosures with my client’s full knowledge.

I will consult with other health professionals when I determine that doing so would be helpful to the psychotherapeutic process. When speaking with mental health professionals I will make every reasonable effort to disguise identifying information about a client. Any professional with whom I speak is, like me, bound by confidentiality.

I look forward to working together.

Sincerely,

Dr. Marie Kerns, Psy.D, MFT

I (we), the undersigned, hereby acknowledge that I (we) have read the foregoing engagement letter, that the information I (we) provided is true and correct, and that I (we) consent to therapy upon the terms and conditions outlined herein.

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Note: If the client is a minor, an authorized parent must sign in one of the spaces provided.