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**Addendum to Initial Assessment/Counseling Procedures for
Parents of Minor Children/Adolescents and
Parent/Guardian Consent for Services**

You and your Minor's relationship with Susan L. W. Miller, MS, LPC, LMFT, NCC are important and confidential. Information cannot be released regarding your Minor's counseling without your written permission unless disclosure is required by law. Some examples are: 1) suspected child or elder abuse; 2) for third party payments such as insurance; 3) if your Minor is involved in a legal case, I may be required by law to release your minor's records to attorneys or judges; 4) if your Minor is dangerously close to harming self or others I may notify medical or law enforcement personnel. Minors are entitled to privacy, just like adult clients. You may expect progress reports and suggestions for parenting, however I will use my discretion in sharing specific content from counseling sessions with your child/adolescent.

(Note: Some of the information in this addendum is requested in the initial assessment. Please review and complete the initial assessment with your Minor. Some of the information requested may be confusing and will need to be explained. If any of the requested material in this document or the initial assessment does not apply, note "does not apply".)

Minor's legal name: _____ **Nickname:** _____

Gender: _____ **Ethnicity:** _____ **Birth Date/Age** _____

Grade: _____ **School:** _____

Please give any other name Minor has been known by: _____

Parent(s)/Guardian(s) Information

1. Name: _____ **Relationship to Minor** _____

Your address if different: _____ **Email** _____

Home Phone: _____ **Leave Message?** _____ **Cell:** _____ **Leave Message?** _____

Work Phone: _____ **Ext.** _____ **Leave Message?** _____

Your Birth Date: _____ **SS#** _____

Your Employment: _____ **Employer:** _____

2. Name: _____ **Relationship to Minor** _____

Your address if different: _____ **Email** _____

Home Phone: _____ **Leave Message?** _____ **Cell:** _____ **Leave Message?** _____

Work Phone: _____ **Ext.** _____ **Leave Message?** _____

Your Birth Date: _____ **SS#** _____

Your Employment: _____ **Employer:** _____

Any other adults entitled to discuss Minor's progress with Susan LW Miller (e.g., attorney/guardian ad litem) If so, include names and phone numbers.

Any emergency names in addition to you (other than those listed on initial assessment? If so, include names and phone numbers.

Name and relation of all legal custodians of Minor:

Who is raising Minor (circle all that apply):

Biological parents	Parent and Step-parent	Foster parent(s)
Single parent	Adoptive parent(s)	Relative(s)
Institution	Other: (explain)_____	

Other children in Minor's home:

Name	Age	Relationship	Grade/School
1. _____			
2. _____			
3. _____			
4. _____			

Brother(s) and Sister(s) out of Minor's Home:

Name	Age	Relationship	Grade/School
1. _____			
2. _____			
3. _____			

Marital status of biological/adoptive parent(s) (circle):

Married	Never Married	Living together
One parent dead	Custodial parent remarried	Separated
Both parents dead	Divorced	Other(specify)_____
Dates of: Marriage_____	Separation(s)_____	Divorce_____

Other person(s) with whom Minor has lived:

Name: _____ Relationship: _____ When: _____

Name: _____ Relationship: _____ When: _____

Name: _____ Relationship: _____ When: _____

If Minor was adopted:

Agency facilitating adoption: _____

Age when adopted: _____ Date of adoption: _____ Does Minor know? _____

Reaction of Minor to adoption and other relevant information: _____

If Minor is/was foster child:

Agencies involved: _____

Age when initially placed in foster care _____

Age when placed with current/most recent foster parents: _____

Reaction of Minor to being in foster care: _____

Reason for foster care: _____

Any previous evaluations for Minor? Yes No

Psychiatric Evaluation: Where _____ When _____

Psychological Evaluation: Where _____ When _____

Educational Evaluation: Where _____ When _____

Neurological Evaluation: Where _____ When _____

Other _____ Where _____ When _____

Is Minor currently involved with legal authorities (Custody, juvenile court, Child Protective Services)?

If yes, whom? _____

Please explain: _____

Will therapist be asked to provide reports? Explain: _____

Date of anticipated related court hearings: _____

(Please complete the health and developmental history sections of the initial assessment with your Minor.)

Daycare, Preschool, School

Describe any significant difficulties in attending "school" situations:

Daycare: _____

Preschool: _____

Kindergarten _____

After school programs _____

Home school _____

Other grade levels: _____

Special Concerns:

To your knowledge, has Minor ever abused drugs/alcohol? Yes No Not Sure Suspect
So

Has Minor ever been teased/bullied or teased/bullied others or hurt animals? Yes No If yes, describe behavior and what you did about it:

Describe any "teasing" or hitting of siblings or playmates and what you did about it: _____

Describe any concerns you have about Minor's sexual behavior: _____

Describe any strong fears the Minor has now: _____

Describe how Minor responded to any applicable situations listed below:

Parental separation or divorce: _____

Death of someone close: _____

Death or loss of pet: _____

Serious illness in family: _____

Witnessing violence or death: _____

Discipline:

Circle all means of discipline used with Minor:

- | | | |
|--------------|--------------------------------------|----------------------|
| Inconsistent | Clear, consistent and enforced rules | Spanking |
| Discussion | Minor has a say in consequences | Isolation |
| Lecture/Nag | Other physical punishment | Denial of privileges |

Other: _____

Who disciplines Minor: _____

Do parents/guardians agree, and if not, on what? _____

Minor's reaction to discipline (circle all that apply):

- | | | | | |
|-----------|--------|---------|--------------|----------|
| Pout | Cry | Tantrum | Ignore | Walk-off |
| Talk back | Hit | Accept | Complain | Yell |
| Roll eyes | Comply | Rebel | Other: _____ | |

Family Life:

Number of family moves in Minor's life: _____

Length of residence in present home: _____

Describe major sibling conflicts: _____

Describe major conflicts with parent(s)/guardian(s): _____

Describe conflicts with parents which might have affected Minor: _____

Describe how you believe Minor feels toward all persons living in the same household: _____

Consent for Services:

I, _____
(Parent/Legal Guardian of Minor)

give my permission for _____
(Minor)

to receive assessment and counseling services with Susan L. W. Miller, MS, LPC, LMFT, NCC.
Reimbursement for these services is reviewed in the Fee Agreement: Contract for Counseling Services.

My/our signature(s) below means that I/we understand and agree with the information presented in the following forms: this addendum; the HIPPA Notice of Privacy Practices; Consent to Disclose Information and Treatment, Payment and Health Care Operations (TPO), Office Policies, Informed Consent Procedures and General Information Agreement for Psychotherapy/Counseling Services and the Fee Agreement: Contract for Counseling Services.

Parent or Guardian Printed Name Date

Parent or Guardian Signature Date

Parent or Guardian Printed Name Date

Parent or Guardian Signature Date

I, Susan L. W. Miller, MS, LPC, LMFT, NCC, have age appropriately discussed the information in the aforementioned forms with the minor client, and his/her parent(s) or guardian(s). My observations of the behavior of the parent(s)/guardian(s) signing above give me no reason, in my professional judgment, to believe he/she/they are not fully competent to give informed and willing consent to the minor client's treatment.

Susan L. W. Miller, M.S., LPC, LMFT (Printed) Date

Susan L. W. Miller, M. S. (Signed) Date
(GA LPC004839); (GALMFT001055)

Susan L. W. Miller, MS, LLC; By Susan L. W. Miller, Manager Date