

**Laniece Schleicher MS, PPC, NCC, E-RYT**  
**Wyoming Art Therapy & Medical Counseling LLC**  
**1465 N 4<sup>th</sup> St, Suite 113, Laramie Wyoming 82072 [www.wyomingarttherapy.com](http://www.wyomingarttherapy.com)**  
**[Laniece.s.counseling@gmail.com](mailto:Laniece.s.counseling@gmail.com)**  
**307-439-6359**

## **INDIVIDUAL COUNSELING STATEMENT OF PROFESSIONAL DISCLOSURE AND CONSENT FOR CARE AUTHORIZATIONS**

This document is provided in compliance with the Wyoming Mental Health Professions Practice Act and is required by the Mental Health Professions Licensing Act. It is intended to inform you of what psychotherapy is, my policies, state and federal laws, and your rights. I, Laniece Schleicher, am a Provisional Professional Counselor (PPC-1128), and a Nationally Certified Counselor (NCC-1235246) I earned a Bachelor of Arts in Women and Gender Studies, Psychology and Sociology from the University of Nebraska-Lincoln in 2005 and a Master of Science in Counseling from the University of Wyoming in 2019. My areas of specialization include trauma informed therapy, mindfulness, meditation, stress reduction, Internal Family Systems, trauma recovery, EMDR and counseling services for adults. As a client, you have the right to accept or reject any style of counseling intervention or refuse treatment or end therapy at any time. You have the right to ask for a different counselor.

My supervisor's name and contact information is: Andrea Berry, LPC, NCC, Wyoming Art Therapy and Medical Counseling, 1465 N. 4th St, Ste. 113, Laramie, WY 82072. Phone: (307) 760-6125 Email: [andreaarttherapy@gmail.com](mailto:andreaarttherapy@gmail.com)

**Confidentiality:** Trust and honesty are critical to the development of all counseling relationships. In general, people over the age of 18 have the right to confidentiality in psychotherapy. This means that the counselor cannot reveal information to anyone without the client's written permission. For most people, knowing that what is discussed in session will be kept private helps them feel more comfortable and build trust in their counselor. Therefore, I place a high value on privacy and the confidentiality of information you share in counseling.

Also, Wyoming Statute 33-38-113 provides privileged status for counselor-client communications. The confidentiality of client records maintained by my office is protected by federal law and regulations (See 42 U.S.C. 290dd-3, 42 U.S.C. 290cc, 42 CFR part 2, and 45 CFR part 160 & 164). I **will not disclose any information that you communicate without your express written consent, except in the following situations**, as allowed by the law.

This law states that, when involved in legal proceedings (civil, criminal or juvenile) clients retain the right to privacy, unless these specific circumstances exist:

- abuse or harmful neglect of children, the elderly or disabled or incompetent individuals is known or reasonably suspected
- the validity of a will of a former client is contested
- information related to counseling is necessary to defend against a malpractice action brought by a client
- an immediate threat of physical violence against a readily identifiable victim is disclosed to the counselor
- in the context of civil commitment proceedings, where an immediate threat of self-inflicted harm is disclosed to the counselor
- the client alleges mental or emotional damages in civil litigation or his/her mental or emotional state
- becomes an issue in any court proceeding concerning child custody or visitation
- the patient or client is examined pursuant to a court order
- in the context of investigations and hearings brought by the client and conducted by the board, where violations of this act are at issue.

**Laniece Schleicher MS, PPC, NCC, E-RYT**  
**Wyoming Art Therapy & Medical Counseling LLC**  
**1465 N 4<sup>th</sup> St, Suite 113, Laramie Wyoming 82072 [www.wyomingarttherapy.com](http://www.wyomingarttherapy.com)**  
**[Laniece.s.counseling@gmail.com](mailto:Laniece.s.counseling@gmail.com)**  
**307-439-6359**

\_\_\_\_ Your information may be seen by Wyoming Art Therapy & Medical Counseling, LLC and Andi Berry in the context of supervision and requires a Consent for Release of Confidential Information. All information will abide by the privacy law stated above.

**Ethical Standards and Client Rights:** I adhere to the ethical standards set forth by the American Counseling Association and the National Board of Certified Counselors. If you have concern or questions about my credentials you have the right and responsibility to contact:

Wyoming Mental Health Professions Licensing Board  
2001 Capitol Avenue, Room 105 Cheyenne,  
Wyoming, 82002. Phone (307)-777-3628  
<http://plboards.state.wy.us/mentalhealth/index.asp>

National Board of Certified Counselors  
3 Terrace Way, Suite D  
Greensboro, NC 27403-3660  
336.547.0607

**CLIENTS NEED TO KNOW:**

- Under no circumstances is it appropriate or ethical for a counselor or client to have any type of sexual relationship.
- Under no circumstances is it appropriate for a client and counselor to have additional business agreements in which barter or trade for services occur.
- Clients and counselors shall strive to avoid “dual relationships” in which they interact for business, social or other activities away from the counseling setting, for a period of 2 years following termination of services.
- If two “regularly set appointments are missed without” notice the time slot will be given away and no further appointments will be set until this counselor is contacted by the client.
- All releases of confidential information must be written and signed and updated yearly
- This counselor uses the process of professional consultation and supervision for increased benefit to you, that means your case may be discussed while maintaining your confidentiality at all times.
- In the event of extreme emergency or death, my practice will be temporarily under the care of my colleagues Anne Fitzgerald, PhD, Andi Berry, LPC, and Jess Ryan, PPC. They will have full access in this situation to your confidential information for continuity of care.

**CLIENT RIGHTS:**

- To have your confidentiality maintained at all times, unless there is an explicit concern of harm to self or others. (duty to warn)
- To be treated with respect and dignity
- A safe, sanitary, and humane treatment environment that protects you from harm or abuse
- Services and referrals without discrimination as to race, age, gender, marital status, religion, sexual orientation, national origin, degree of disability, political belief, legal status, and/or the ability to pay for services
- To participate in treatment planning and consent or refusal of such services unless these rights are abridged by law or emergency situation
- To know of any research being done, and to refuse participation in any research

**Laniece Schleicher MS, PPC, NCC, E-RYT**  
**Wyoming Art Therapy & Medical Counseling LLC**  
**1465 N 4<sup>th</sup> St, Suite 113, Laramie Wyoming 82072 [www.wyomingarttherapy.com](http://www.wyomingarttherapy.com)**  
**[Laniece.s.counseling@gmail.com](mailto:Laniece.s.counseling@gmail.com)**  
**307-439-6359**

- To assert grievances and not to be retaliated against for exercising any of these rights

You may revoke this authorization at any time in writing, except to the extent that Jess Ryan has already disclosed or taken action relying upon your consent within this authorization.

**Goals and Services:** Counseling helps people develop the awareness and skills to help themselves move toward a more fulfilling life. Counselors help people change their feelings, thoughts, and/or behaviors in a supportive environment. However, I, as your counselor, will not give you advice or tell you what to do. I work with you to explore new perspectives and ways of doing things and will support you in your process of making changes. There may be moments of silence or pause as well as the posing of seemingly challenging questions. Ultimately, you decide the nature and amount of change you wish to make. Beginning in the first session, I will work to listen to you and understand what's happening in your life. By the third session we will work together to identify specific goals you would like to achieve.

Sessions last 50 minutes for individuals and are typically scheduled weekly. The actual frequency of counseling will depend upon your specific goals. You have the right to leave counseling at any time. However, it is usually best to do so only after discussing possible risks with your counselor. If at any point you feel like you want to end counseling, please let your counselor know. In the event that I am out of the office for more than two weeks, we can work together to make arrangements for you to receive care from another therapist; this will be discussed in advance.

**Benefits and Risks:** Psychotherapy can offer many benefits to those who engage in the process, including improvement in the concerns bringing them to counseling, a reduction in symptoms of depression and anxiety, and an increase in a sense of well-being. Clients may improve relationships and become more accepting and aware of their own feelings and needs. However, the process of counseling can be difficult and have risks associated with it as well. Discussing psychological, emotional, and/or relationship issues occasionally causes some pain and anxiety and making important changes will require effort on your part. Clients may become aware of aspects of their lives and relationships that may initially be uncomfortable and anxiety-provoking. Sometimes as a result of awareness gained in therapy, clients make decisions or changes in their lives that they may not have thought they would make upon entering therapy. Clients are most likely to see improvement when they are willing to be open and work through difficult issues, even when it is hard. I will support you in addressing these issues.

**Professional Records:** The laws and standards of my profession require that Protected Health Information (PHI) be kept in your clinical record. Your clinical record includes information about the reasons counseling was sought, a description of how your problems affect your life, your diagnosis, the goals for therapy, progress towards goals, medical and social history, results of clinical assessments, past treatment records, professional consultations, session notes. You have the right to request to inspect, copy, or amend your protected health information. This is granted if no harm exists in such sharing, and with the understanding that Wyoming Art Therapy, LLC and Laniece Schleicher are not responsible for any redisclosure of such information after it is shared with you. Any amendments requested require the agreement of Wyoming Art Therapy and Laniece Schleicher and in the case that is not granted you may file a statement of disagreement, which may be rebutted. If you wish to review your records, we will arrange for you to review with your counselor or have them forwarded to another mental health professional with which you can discuss the contents. Your clinical records serve as a basis for treatment planning, communication with other professionals, legal documentation, and third-party billing. **You must make all your requests in writing.**

All copies of records will be charged a fee of \$.25/per page. You have the right to identify where you would like any communication from me sent, and by what means you prefer to have your information shared (i.e. fax, letter, verbally,

**Laniece Schleicher MS, PPC, NCC, E-RYT**  
**Wyoming Art Therapy & Medical Counseling LLC**  
**1465 N 4<sup>th</sup> St, Suite 113, Laramie Wyoming 82072 [www.wyomingarttherapy.com](http://www.wyomingarttherapy.com)**  
**Laniece.s.counseling@gmail.com**  
**307-439-6359**

etc.) You have the right to receive an accounting of any disclosures made. If you have complaints regarding this privacy policy you may share them directly with me, or with the Secretary of Health and Human services.

**The above signed has satisfactorily supplied me with information regarding privacy policies and practices, her professional credentials, and my rights as a client. I am authorizing disclosure of information as outlined above and am consenting to treatment for myself/and/or my child by signing this form. I have been provided a copy of this form as well.**

**CONSENT FOR TREATMENT & CONSULTATION RELEASE FOR INDIVIDUAL THERAPY**

I consent to the evaluation and/or treatment of \_\_\_\_\_ by Laniece Schleicher, PPC. I acknowledge that I have been informed of the evaluation procedures, care, and treatment methods, financial expense of the treatment and potential risks involved. I have been informed that there is a confidential voicemail and a HIPPA compliant email service I have available to me. I agree that in the event of a mental health emergency if I do not speak to Laniece Schleicher **in person** I agree to contact the nearest hospital emergency room or 911 immediately. I understand that Laniece Schleicher may at times be unreachable via phone, cell or Internet and that it is my responsibility to use alternative emergency services in these situations. I understand that Laniece Schleicher working under the supervision of Wyoming Art Therapy & Medical Counseling LLC is a private practice and not affiliated with any state organization or other agency. I understand that Laniece Schleicher uses the process of professional consultation and may present my case in these consultations including images of my artwork and videos of my sessions. I agree that case material (including videos and art productions and verbal explanation) from my counseling sessions and/or evaluations maybe used for research (with prior authorization), consultation, and educational purposes given that my confidentiality will not be compromised in any manner and herby authorize a release of such material for stated purposes.

---

Signature of client or guardian

Date

---

Signature of parent/guardian if minor

Date

---

Laniece Schleicher, MS, PPC, NCC, E-RYT

Date

**DISCLOSURE OF PROFESSIONAL SERVICE RATES:**

A **free** consultation of 25 minutes is offered to prospective clients (not available for returning clients). **This is not a therapy session.**

**Individual Counseling Professional Service Rates:**

- Client full fee for a 1hour session (55 minutes): \$135.00  
Client must cover all health insurance deductibles prior to offering a no-copay service.  
Co-pay is required at time of service.

**Laniece Schleicher MS, PPC, NCC, E-RYT**  
**Wyoming Art Therapy & Medical Counseling LLC**  
**1465 N 4<sup>th</sup> St, Suite 113, Laramie Wyoming 82072 [www.wyomingarttherapy.com](http://www.wyomingarttherapy.com)**  
**[Laniece.s.counseling@gmail.com](mailto:Laniece.s.counseling@gmail.com)**  
**307-439-6359**

Client will receive an invoice of co-pay collected upon request.

- Persons who do not have insurance or want to cover the cost of services personally (fee for service) may negotiate a rate equal to or less than the full fee as based on financial need.
- An individual counseling appointment is generally 55 minutes unless specifically designated otherwise and is billed as a 60 - minute session (called a 90837 to insurance). (One counseling session)
- EAP sessions and 40 - 45-minute session (called 90834 by insurance) is billed at the rate of \$100.00 (**Not often used**)
- Couples and Art Therapy sessions lasting 1.5-2hours are billed at the rate of \$200.00 to \$275.00 depending on the length of the session
- Clients using Medicaid: Must cover any co-pay at the time of service, not greater than \$5.00/session.
- Other agreed arrangements on per need basis
- Fees are due regardless of the outcome of your work here.

## **OFFICE POLICIES & PAYMENT POLICIES**

**Please read and INITIAL EACH to indicate agreement and understanding**

*(Emergency's and medical illness not withstanding)*

\_\_\_ All payments or co-payments are due at time of service. Cash, check or credit cards are accepted.

\_\_\_ Individual clients no showing for individual appointments will have 2 sessions graced/year.

**\*\*ALL no-show sessions beyond the grace sessions will be charged directly to the client at ½ of the full session fee.\*\***

\_\_\_ This counselor has the right to bill the client ½ of the full session fee for cancelations made within 24 hours of the scheduled session.

\_\_\_ Clients will be **paid** ½ session fee should the counselor no-show for more than 2 sessions in a year or cancels without notifying the client in a timely manner.

\_\_\_ Clients arriving 15 minutes after the session start will be considered a no show or late cancelation and the reverse for this counselor.

\_\_\_ Late arrival of attendees will not extend the agreed session end time.

\_\_\_ Re-Payment on returned for insufficient funds will be billed a \$35.00 fee and must be placed on a credit or debit card.

\_\_\_ Clients will be fully reimbursed for over payment of co-pays etc., in the form of a check from Wyoming Art Therapy & Medical Counseling LLC, except in the situation of prepaid sessions beyond 6 months.

\_\_\_ This agency will not be complicit in known insurance or Medicare/Medicaid fraud.

\_\_\_ Clients "no showing" or last minute canceling to two (2) appointments in a row will be considered to be making a non-articulated termination statement. Thus, the counseling relationship will be terminated, and you will then receive a formal letter of termination. All outstanding bills must be paid in full. Clients may request to return and will be accepted depending on availability and circumstance.

\_\_\_ **Clients will not attend sessions if ill with communicable diseases! (This includes the flu, stomach flu, viruses; staph infections, head lice or anytime you are running a fever.** If you have been on a treatment for 24 hours **and are no longer communicable** feel free to attend. If you attend when ill, I will ask you to leave immediately and I will charge you ½ of the full fee.

\_\_\_ If you do not get an appointment reminder the day before your appointment it is likely you are not on my schedule. Call me to check.

**Laniece Schleicher MS, PPC, NCC, E-RYT**  
**Wyoming Art Therapy & Medical Counseling LLC**  
**1465 N 4<sup>th</sup> St, Suite 113, Laramie Wyoming 82072 [www.wyomingarttherapy.com](http://www.wyomingarttherapy.com)**  
**[Laniece.s.counseling@gmail.com](mailto:Laniece.s.counseling@gmail.com)**  
**307-439-6359**

- \_\_\_ This a non-smoking facility both in and out of the premises.
- \_\_\_ This is a gun free facility, even if you have a conceal carry permit. Please leave your guns locked in your vehicle or in another safe location while at this office.
- \_\_\_ Please be considerate of the others using the waiting room and common areas of this facility. Respect their privacy as you wish them to respect yours.
- \_\_\_ Clients are not to be left in the waiting area for lengthy periods of time (longer than 15 minutes beyond scheduled start or finish time) without prior arrangement. Clients will not be left in the office beyond the hours of this practitioner.
- \_\_\_ Physical violence between partners, towards the therapy dog, or with this counselor is considered terms for termination and appropriate actions will be taken including calling for emergency support as needed.
- \_\_\_ A certified therapy dog may be present at your session.

Client signature of agreement: \_\_\_\_\_

Or guardian signature of agreement: \_\_\_\_\_

Counselor signature of agreement: \_\_\_\_\_

**RELEASE OF INFORMATION AND CONSULTING WITH OUTSIDE PROVIDERS**  
**RELEASE**

I, \_\_\_\_\_, hereby authorize and give my written consent for Laniece Schleicher, MS, PPC, E-RYT of Wyoming Art Therapy & Medical Counseling, LLC to release protected health information regarding the mental health and well-being of myself or a person in my guardianship, \_\_\_\_\_ (name) \_\_\_\_\_ date of birth (DOB).

This may include aspects of treatment, progress, impressions by my counselor, reports on my wellbeing and my mental health medical history with the persons listed below. This information may be shared verbally, on paper or through secure technology. I authorize that Laniece Schleicher may give information as she deems appropriate for my care and that she may receive information for the same purposes from these same people. I understand that Laniece Schleicher will not release professional notes or treatment plans unless she receives a legal subpoena or orders from a judge.

It is understood that should any communication incur a fee or require excessive amount of time I may be asked to cover the cost of case management at the same rate as a counseling session. (Full fee) I understand that this release must be re-attested on a yearly basis.

Name & relationship to release to	Phone	Email	Address

**Laniece Schleicher MS, PPC, NCC, E-RYT**  
**Wyoming Art Therapy & Medical Counseling LLC**  
**1465 N 4<sup>th</sup> St, Suite 113, Laramie Wyoming 82072 [www.wyomingarttherapy.com](http://www.wyomingarttherapy.com)**  
**[Laniece.s.counseling@gmail.com](mailto:Laniece.s.counseling@gmail.com)**  
**307-439-6359**


\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Appointment Reminders and Online Scheduling Information and Release**  
**[www.therapyappointment.com](http://www.therapyappointment.com)**

(Go to page, go to upper right “find my therapist,” choose by name or location (LARAMIE, WY).  
(I am listed as Laniece Schleicher)

You can receive appointment reminders to your email, text to your cell, or a voice message on a home answering machine, ONE DAY prior to your scheduled appointment.

You can also contact this counselor via a secure email, schedule or cancel appointments at [www.therapyappointment.com](http://www.therapyappointment.com). You can always schedule while in the office as well.

Name:

Requested login/username: \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_| (letters and numbers only)

TEMPORARY Password (abcd1234) Please reset ASAP. *(If you forget your password,*

*I can reset the TEMPORARY one)* Your email:

Your cell number:

How would you like a reminder? (Please circle below)

\_\_\_\_ Via text to cell (normal text message rates apply)

\_\_\_\_ Via email listed above

\_\_\_\_ Home phone (auto voice message)

\_\_\_\_ None (missed appointment fees will still apply)

**Release of confidentiality for reminders and when contacting this counselor:**

Appointment information is considered to be “Protected Health Information” under HIPAA and HITECH By my signature, below, I am waiving my right to keep this information completely private and requesting that it be handled as I have noted above.

**Laniece Schleicher MS, PPC, NCC, E-RYT**  
**Wyoming Art Therapy & Medical Counseling LLC**  
**1465 N 4<sup>th</sup> St, Suite 113, Laramie Wyoming 82072 [www.wyomingarttherapy.com](http://www.wyomingarttherapy.com)**  
**[Laniece.s.counseling@gmail.com](mailto:Laniece.s.counseling@gmail.com)**  
**307-439-6359**

I understand that Wyoming Art Therapy & Medical Counseling LLC/Andi Berry/Laniece Schleicher has provided a confidential service by which I may contact and communicate with this provider through the website Therapy Appointment. ([www.therapyappointment.com](http://www.therapyappointment.com)). I understand that should I choose to contact the above using more common, unencrypted email or text services, I have waived my right to keep this information private and that the Laniece/Wyoming Art Therapy may return contact to me in the same manner I used; with my full understanding that I have selected to use unsecure services and that there is no guarantee of confidentiality protection. **I may always use the provided confidential service provided.**  
[www.therapyappointment.com](http://www.therapyappointment.com)

I will not communicate about personal matters via Facebook, Facebook Messenger, Instagram or any other social media with this counselor.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Check out community programs and other cool stuff on FACEBOOK PAGES: Wyoming Art Therapy and CenterPoint Laramie (No personal messaging or posts on these pages)*

**INTAKE SURVEY FOR INITIAL INTERVIEW**

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contacts &  
Relationship: \_\_\_\_\_

Phone numbers for  
EmergencyContacts: \_\_\_\_\_

Employment/student \_\_\_\_\_

Insurance Information: Company: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group # \_\_\_\_\_

Name of primary insured: \_\_\_\_\_

Their birthday: \_\_\_\_\_ Their Phone Number: \_\_\_\_\_

Their employer: \_\_\_\_\_

Their address: \_\_\_\_\_



**Laniece Schleicher MS, PPC, NCC, E-RYT**  
**Wyoming Art Therapy & Medical Counseling LLC**  
**1465 N 4<sup>th</sup> St, Suite 113, Laramie Wyoming 82072 www.wyomingarttherapy.com**  
**Laniece.s.counseling@gmail.com**  
**307-439-6359**

Deductible: \_\_\_\_\_ Copay: \_\_\_\_\_ Party responsible for the bill: \_\_\_\_\_ Phone and Address: \_\_\_\_\_

**What brings you in today?**

---



---

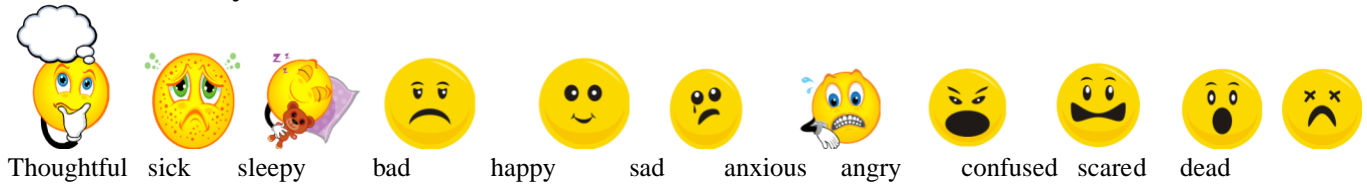


---



---

**Your mood today:**



Other: \_\_\_\_\_

**I am experiencing difficulty with:**

- |  |   |   |  |                                   |
|--|---|---|--|-----------------------------------|
| <input type="checkbox"/> Eating        | <input type="checkbox"/> Anger/Aggression       | <input type="checkbox"/> Relationships    | <input type="checkbox"/> Finances            | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Memory        | <input type="checkbox"/> Legal Problems         | <input type="checkbox"/> Loss of Interest | <input type="checkbox"/> Suicide Ideations   | <input type="checkbox"/> Anxiety  |
| <input type="checkbox"/> Guilt         | <input type="checkbox"/> Shame                  | <input type="checkbox"/> Concentration    | <input type="checkbox"/> Depression          |                                   |
| <input type="checkbox"/> Alcohol/Drugs | <input type="checkbox"/> Sexual                 | <input type="checkbox"/> Fatigue          | <input type="checkbox"/> Social interactions |                                   |
| <input type="checkbox"/> Hopelessness  | <input type="checkbox"/> Other - please explain |   |  |                                   |

Are you currently suicidal or homicidal? Yes \_\_\_ No \_\_\_

Have you ever felt or been suicidal or homicidal in the past? Yes \_\_\_ No \_\_\_ If

yes please explain:

---



---

If yes, have you mentioned this to anyone? Yes \_\_\_ No \_\_\_ If Yes, who?

---



---

**Laniece Schleicher MS, PPC, NCC, E-RYT**  
**Wyoming Art Therapy & Medical Counseling LLC**  
**1465 N 4<sup>th</sup> St, Suite 113, Laramie Wyoming 82072 [www.wyomingarttherapy.com](http://www.wyomingarttherapy.com)**  
**Laniece.s.counseling@gmail.com**  
**307-439-6359**

I am experiencing (any of these): thoughts, voices, visions that others don't seem to have, a sense of other entities' or beings, I find meaning when no one else gets it, I hear voices no one else can decipher. Yes \_\_\_ No \_\_\_ Has this happened before? Yes \_\_\_ No \_\_\_

If Yes, please explain some more to me about what happens and how you feel about it.

---

---

---

*(Please fill out the above page before the first session and leave it with Jess. You can complete the rest at home.)*

Previous Counseling/Treatment/Hospitalizations for Mental Health Self/Family:

---

---

---

Marriage/Partner & Family History:

No. of marriages \_\_\_

Current Marital/Partner Situation \_\_\_\_\_

No. of pregnancies \_\_\_ No. of living children \_\_\_ No. of children given up for adoption \_\_\_ No. in household \_\_\_ No. of pets \_\_\_\_\_

Do you currently foster any children or provide respite care? Y / N

Major life changes in past 3 years:

---

---

---

---

A picture or diagram of your family/relationship tree w/ important relationships not necessarily blood)

**Laniece Schleicher MS, PPC, NCC, E-RYT**  
**Wyoming Art Therapy & Medical Counseling LLC**  
**1465 N 4<sup>th</sup> St, Suite 113, Laramie Wyoming 82072 [www.wyomingarttherapy.com](http://www.wyomingarttherapy.com)**  
**[Laniece.s.counseling@gmail.com](mailto:Laniece.s.counseling@gmail.com)**  
**307-439-6359**

Significant Medical History: diagnosis, dates, treatments and medicines

---

---

---

---

---

Presiding MD (contact info):

---

---

Trauma History:

(Trauma can be anything that overwhelmed your system.) Please explain each one checked and age experienced.

\_\_\_ Emotional trauma, age: \_\_\_ (ex. divorce, foster care placements, emotional abuse, etc.)

\_\_\_ Financial trauma, age: \_\_\_

\_\_\_ Incarceration, age: \_\_\_

\_\_\_ Loss of loved one, age: \_\_\_ (pets included)

\_\_\_ Medical trauma (physical or mental health of you or family member), age: \_\_\_

\_\_\_ Natural Disaster, age: \_\_\_

\_\_\_ Physical trauma, age: \_\_\_

\_\_\_ Sexual trauma, age: \_\_\_

\_\_\_ Violence or war trauma, age: \_\_\_

Any additional trauma explanations:

**Laniece Schleicher MS, PPC, NCC, E-RYT**  
**Wyoming Art Therapy & Medical Counseling LLC**  
**1465 N 4<sup>th</sup> St, Suite 113, Laramie Wyoming 82072 [www.wyomingarttherapy.com](http://www.wyomingarttherapy.com)**  
**[Laniece.s.counseling@gmail.com](mailto:Laniece.s.counseling@gmail.com)**  
**307-439-6359**

---

---

---

---

---

Sexual History:

Age of first sexual experience: \_\_\_\_\_

\_\_\_ I am currently sexually active      \_\_\_ I am not currently sexually active

Sexual orientation: \_\_\_ heterosexual    \_\_\_ bisexual    \_\_\_ homosexual    \_\_\_ trans \_\_\_  
questioning    \_\_\_ Other

I have a history with unwanted touch: \_\_\_ Yes      \_\_\_ No

I am in a relationship currently with unwanted touch \_\_\_ Yes \_\_\_ No

Other:

---

---

General Health History:

I use tobacco products:    \_\_\_ Yes    \_\_\_ No

\_\_\_\_\_ I smoke cigarettes      \_\_\_\_\_ I use vaping products like e cigarettes (e cigs, vaping)

\_\_\_\_\_ I use smokeless tobacco – chew and/or snuff

My intake of tobacco is (number) \_\_\_\_\_ per day

I have tried to quit \_\_\_ yes    \_\_\_ no

I want help quitting \_\_\_\_\_ yes    \_\_\_\_\_ no

I consume alcoholic beverages:    \_\_\_ Yes    \_\_\_ No

Number \_\_\_ per day    \_\_\_ per week    \_\_\_ per month

I am in recovery: \_\_\_ Yes      \_\_\_ No

Alcohol of choice: \_\_\_\_\_

I use OTC drugs, prescription drugs or nonprescription drugs for recreational purposes:

\_\_\_ Yes      \_\_\_ No

Frequency:    \_\_\_ /per day    \_\_\_ /per week    \_\_\_ /per month

Drug of choice: \_\_\_\_\_

More information you want or need me to know now:

**Laniece Schleicher MS, PPC, NCC, E-RYT**  
**Wyoming Art Therapy & Medical Counseling LLC**  
**1465 N 4<sup>th</sup> St, Suite 113, Laramie Wyoming 82072 [www.wyomingarttherapy.com](http://www.wyomingarttherapy.com)**  
**[Laniece.s.counseling@gmail.com](mailto:Laniece.s.counseling@gmail.com)**  
**307-439-6359**

My strengths:

---

---

---

---

Other Social Support (friends, groups etc.)

---

---

---

---

What role does spirituality and/or religion play in your life?

---

---

---

---

Hobbies, Exercise, Diet, Interests, Creativity when everything is going really well!

---

---

---

---

What do you hope to get from this experience?

---

---

---

---

How long do you expect this to take?

---

---

---

---

**Laniece Schleicher MS, PPC, NCC, E-RYT**  
**Wyoming Art Therapy & Medical Counseling LLC**  
**1465 N 4<sup>th</sup> St, Suite 113, Laramie Wyoming 82072 [www.wyomingarttherapy.com](http://www.wyomingarttherapy.com)**  
**[Laniece.s.counseling@gmail.com](mailto:Laniece.s.counseling@gmail.com)**  
**307-439-6359**

Are you willing to accept that there will be change in your life as a result of these new goals? Yes  
\_\_\_ No \_\_\_

If yes, what do you expect?

---

---

---

If no, please explain?

---

---

Other things you want me to know: (feel free to write on other paper or on the back of these pages)

---