

**Alice Baland, MA, LPC, RDN**  
**Psychotherapist, Dietitian, Hypnotherapist**  
**214-335-5556 (cell)**

Welcome to my office, health and life skills program! I'm glad that you are here, and I am committed to providing you with quality care for your specific concerns and interests.

Therapy is a relationship between people that works, partly, because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take appropriate risks and the support to become empowered to change. As a client in psychotherapy or counseling, you have certain rights that are important for you to know. This is your therapy (or your child's), and the goal is your well-being. Following are certain legal limitations to those rights of which to be aware. As your therapist I have corresponding responsibilities to you.

Trust and openness are essential for effective therapy. Confidentiality is carefully protected. Expert consultation may at times be provided me on your case by trusted specialists as needed. This adds value and perspective to your sessions. Otherwise, the matters discussed in therapy are not discussed with anyone without your specific permission. Disclosure may be mandated in the following situations for your safety or that of your child's:

1. If there is a risk of imminent serious harm to yourself or others.
2. If your records are subpoenaed.
3. If the information is requested by your insurance company.
4. If you report neglect or abuse of a minor.
5. If you report sexual misconduct of a physician or therapist.

You have the right to ask questions about anything that happens in therapy. I'm always willing to discuss how and why I've chosen a certain treatment, and often we will create a personal solution together. Please feel free to ask me to try alternatives you think might be helpful. I use a variety of therapies and skills, each personalized to you as an individual. These may include, but are not limited to: dialogue, family systems, cognitive behavioral, positive psychology, nutrition, cognitive reframing, self-monitoring, awareness activities, art therapy, hypnotherapy, EFT (Emotional Freedom Technique, similar to EMDR), visualization, journaling, drawing, reading books, listening to audio programs, keeping food and mood records, etc. Therapy also has potential emotional risks. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to relationships in which you are engaged. Most people who take these risks find that therapy is helpful. I'll do what I can to minimize risks and maximize positive outcomes for you. You have the right to refuse anything I suggest without being penalized in any way. I do not engage in any social, sexual, or business relationships with clients or former clients, because not only would that be unethical and illegal, but an abuse of power. I value our professional therapy relationship too much.

The **initial assessment is 90 minutes** and is **\$250** (see Free Gifts on last page). A regular therapy session is **45 minutes** and is **\$150.00** per session or **60 minutes** for **\$200.00**. For those who travel from out-of-town, or wish more rapid treatment, I have 90 minute sessions available for \$300 a session. In addition, I offer customized packages for weight management, disordered eating, anxiety and other conditions, which I will personalize to fit your situation. I also offer half-day family sessions. Just ask. **Payment is due at the time of treatment.** I accept Visa, MasterCard, check and cash. Receipts are available if you wish to file with a claim form to your insurance company. I am an out-of-network provider. Please remember that I specialize in disordered eating, weight management, stress, anxiety, PTSD, trauma, mood and depressive disorders as BOTH a psychotherapist AND a dietitian. You get the expertise of both from a whole person, whole health perspective.

Please **CALL my VOICE MAIL at 214-335-5556 at least 24 hours in advance during the week and by 9 AM on Friday for a Monday appointment should you need to cancel or change your appointment. This time is reserved just for you.** Otherwise you will be charged the full fee, for which insurance does not reimburse. This policy is in effect regardless of the reason for cancellation. However, an added benefit is that if you are sick, stuck in traffic, or have an emergency, we can do a phone session instead. Phone coaching is \$50.00 per quarter hour segment (6-15 minutes) **or** for the time allotted for your session, usually 45 minutes. [There is no charge for calls less than 5 minutes/month.] Arriving late for a session still requires ending at the scheduled time and paying the full fee, so that I may prepare for the

next client. Lengthening a session will be charged by the quarter hour, if time is available. There is a \$30.00 charge for returned checks. If you are having a hard time paying, please tell me so we can discuss options. Should an invoice have to be sent, there is a \$15.00 administrative fee, plus a \$25 per month late fee, and this increases the cost of your service. [Note: No social media requests please for confidentiality.]

**SHOULD YOU REQUEST MY TIME for COURT APPEARANCES, preparing reports, attorney or psychology consults, photocopies, or anything else, IT IS \$200 per hour, portal to portal, by phone or in-office, paid in advance by you. For couples counseling, I do not go to court for divorce cases or any other reason.** Email is **not** the preferred method to cancel or change appointments unless we have discussed this in advance, since I usually do not have my computer with me. **Please call or text me at 214-335-5556** to change appointments or let me know that you are running late. Call me 24 hrs. in advance to avoid being charged full fee. No therapy by text please for confidentiality purposes. Thank you!

I have a separate agreement for LIFE/BUSINESS COACHING, which is available for clients by phone and email nationwide along with teleclasses. Clients sometimes transfer to this after improvements in therapy or counseling.

I will be happy **to call** or send a progress note to your health care provider or therapist to facilitate a more unified approach to your care. Please complete the information below if you consent and allow me to release or receive *specific* information to the following relative to treatment and/or assessment. Please PRINT and fill in the name of your:

Therapist _____	Phone _____
Physician _____	Phone _____
Counselor/ <b>Other</b> _____	Phone _____
Psychiatrist _____	Phone _____
Spiritual Advisor _____	Phone _____

**IN CASE OF EMERGENCY PLEASE CONTACT; (Print)**

_____ Name	_____ Relationship to You	_____ Home Phone	_____ Cell Phone
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It is important to disclose all nutritional, herbal, vitamin, and mineral supplements, and conventional or non-conventional medications and therapies. Failure to do so may adversely affect your therapy, coaching, nutritional care plan and optimal health and life benefits. Again, welcome to my health and life skills program! I look forward to helping you reach your goals.

Alice Baland, MA, LPC, RDN, Licensed Professional Counselor, Weight Management/Body Image Expert, Registered Dietitian Nutritionist, Eating Disorders Specialist, Nutrition Therapist, Speaker

**CLIENT CONSENT TO PSYCHOTHERAPY AND/OR NUTRITION THERAPY:**

- I have read and understand the information about services and policies and asked any questions.
- I understand that I may have a copy for future reference if requested.
- I agree to be responsible for all charges for myself/spouse/child/children at the time of service.
- I agree to therapy with Alice Baland and know that I can stop at any time with 48 hours advance notice.

\_\_\_\_\_  
Signature (self or parent of child under 18)

\_\_\_\_\_  
Date/Year

\_\_\_\_\_  
Client Name (PRINT)

Alice Baland's LIFE SOLUTIONS CENTER, LLC  
5172 Village Creek Drive, Suite 101, Plano, Texas 75093  
EatUpTheGoodLife.com

# Client Assessment Form – Page 1

Alice Baland, MA, LPC, RDN – 214-335-5556.

1<sup>st</sup> Appt: \_\_\_\_\_

**Identification**    **E-mail** \_\_\_\_\_    **Appt. Date:** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_ Home Phone (     ) \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_ Best Time to Reach You: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Marital Status \_\_\_\_\_ Drivers License # & State \_\_\_\_\_

Employer/Company Name \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse, Parent or Child Name \_\_\_\_\_ Best Phone (     ) \_\_\_\_\_

## **Primary Care Physician (or Referring Doctor or Professional)**

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

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

Date of Most Recent Exam and/or Lab Work: \_\_\_\_\_ Diagnosis \_\_\_\_\_

## **Major Medical Conditions:**

Reactive Hypoglycemia     Menopausal     Post/Pre Menopausal     Diabetes I/II

Binge Eating Disorder     Bulimia     Anorexia     Restrictive Eating     Anxiety

Depression     GERD/Acid Reflux     High Cholesterol/Triglycerides     Arthritis

Bipolar     ADD/ADHD     DID     OCD    Other \_\_\_\_\_

Pre- or Post-Bariatric Surgery (type & surgeon: \_\_\_\_\_)

Other, Please name: \_\_\_\_\_

Any prior surgeries? Dates, reasons, type of treatment: \_\_\_\_\_

Any other health care provider you see (psychiatrist, psychologist, therapist, chiropractor, physical therapist, dietitian, personal trainer, massage therapist, herbalist)

**How Did You Hear About Me?** Circle: Doctor    Therapist    Friend    Alice's Website  
Dietitian    Internet Listing    Eating Disorder Referral Network    Other    Thank you!

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

**Client Assessment Form – Page 2. Alice Baland, MA, LPC, RDN**

Effective treatment begins after an accurate assessment has been made. This form is crucial in developing an appropriate treatment plan. Please answer the following questions as completely as possible:

**What is your chief concern at this time?** \_\_\_\_\_

\_\_\_\_\_

**What current stresses** are you faced with? \_\_\_\_\_

\_\_\_\_\_

**Medical/ Diet History:** BMI \_\_\_\_\_ % IBW \_\_\_\_\_ **Weight/Size Goal:** \_\_\_\_\_

Height \_\_\_\_\_ Current Body Weight \_\_\_\_\_ How Long? \_\_\_\_\_ Highest Weight \_\_\_\_\_

Lowest Weight \_\_\_\_\_ Most Weight Lost: \_\_\_\_\_. Regained? \_\_\_\_ Gained More? \_\_\_\_\_

Diets Tried: Wt. Watchers. Atkins. South Beach Weight Watchers Diet Pills Others:

Age at First Diet: \_\_\_\_\_. Overweight as a Child? \_\_\_\_\_ Parents Overweight? \_\_\_\_\_

How Long Dieting? \_\_\_\_\_ years. Are you currently exercising? \_\_\_\_\_ What? \_\_\_\_\_

How often? \_\_\_\_\_ How many minutes per day/week? \_\_\_\_\_

What current problems are preventing you from eating as you would like? \_\_\_\_\_

Are you (circle) currently, or have a history of, food bingeing?\_\_\_ Circle and describe any use of: laxatives, diuretics, diet pills, purging, or food restriction? Number & how often?

\_\_\_\_\_

Women: Have you ever experienced the absence of three or more periods other than during pregnancy? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

**Habits/Caffeine, etc. :**

It is important to give honest estimates of your intake of the following: (Current)

Nicotine: Packs per day \_\_\_\_\_ Years of smoking \_\_\_\_\_ (past or now?)

Caffeine: Daily Intake of Coffee \_\_\_\_\_ cups; Tea \_\_\_\_\_ cups. Herbal Tea \_\_\_\_\_

Cola Drinks \_\_\_\_\_; Caffeine Pills \_\_\_\_\_

Alcohol: Highest intake in 24 hour day – Current \_\_\_\_\_ Past \_\_\_\_\_

Average daily consumption \_\_\_\_\_ Average weekly consumption \_\_\_\_\_

Include Wine \_\_\_\_\_/day; Beer \_\_\_\_\_/day; list others \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Other:** Marijuana, cocaine, amphetamines, LSD, heroin (or other IV drugs), mushrooms, ecstasy, inhalants, prescription narcotics or other substances. Please circle and describe: (Present or past): \_\_\_\_\_

**Current Prescription and Over-the-Counter Medicines, Vitamin/Mineral Supplements:** Please give name, dosage, and duration: \_\_\_\_\_

**Comments:** \_\_\_\_\_

List any **allergic** reactions you have had to any medication, food, or other substances:

\_\_\_\_\_

\_\_\_\_\_

**Client Assessment Form – Page 3. Alice Baland, MA, LPC, RDN**

**HPI:** Please describe in detail the **stress, depression or anxiety** symptoms you have experienced: \_\_\_\_\_  
\_\_\_\_\_

When would you estimate these symptoms began? \_\_\_\_\_  
\_\_\_\_\_

What has been the course of your symptoms? (i.e. getting better, worse or staying the same; also, give the time frame) \_\_\_\_\_  
\_\_\_\_\_

Have you experienced similar symptoms before? (Please describe and give time frame) \_\_\_\_\_  
\_\_\_\_\_

What have you tried that has made the symptoms better? \_\_\_\_\_  
\_\_\_\_\_

What have you tried that has made the symptoms worse? \_\_\_\_\_  
\_\_\_\_\_

**Please describe any “Yes” answer to the questions below:**

Consistently down or depressed mood most of the day, nearly every day? \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Diminished level of interest or pleasure in most or all activities? \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Change in appetite? \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Change in weight? \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Change in sleep pattern? \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Feeling agitated or slowed down? \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Fatigue or loss of energy? \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Feelings of worthlessness or excessive guilt? \_\_\_ Yes \_\_\_ No \_\_\_\_\_

Difficulty thinking or concentrating? \_\_\_ Yes \_\_\_ No \_\_\_\_\_

**Client Assessment Form – Page 4. Alice Baland, MA, LPC, RDN**

**Decrease** in sex drive or desire? \_\_\_ Yes \_\_\_ No. Increase in sex drive or desire? \_\_\_\_\_

Irritability, rage, or violent behavior? \_\_\_ Yes \_\_\_ No. How long? \_\_\_\_\_  
What triggers it? \_\_\_\_\_

Attacks of hyperventilation, palpitations or intense fear? \_\_\_ Yes \_\_\_ No \_\_\_\_\_  
\_\_\_\_\_

Increase in drinking and/or drug use? \_\_\_ Yes \_\_\_ No. When? \_\_\_\_\_  
What? \_\_\_\_\_ **Thoughts of death or suicide?** \_\_\_ Yes \_\_\_ No.

**Any suicide attempts?** \_\_\_ Yes \_\_\_ No. When? \_\_\_\_\_  
How? \_\_\_\_\_

Do you have access to any firearm (handgun, rifle, shotgun, etc.)? \_\_\_ Yes \_\_\_ No \_\_\_\_\_  
Where? \_\_\_\_\_

**Psychiatric Medical History:**

Any prior psychiatric evaluation? Please name the psychiatrist, dates of treatment, diagnosis, and treatment response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any prior psychiatric hospitalization? Give name of hospital, psychiatrist, dates, treatment and response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been, or are you now, in therapy? Give name of therapist, dates, and describe the issues that were addressed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all the psychiatric **medication** (for depression, anxiety, insomnia, etc.) you are currently taking. Describe any benefits or side effects that you experienced. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is part of your **safe**, support network, friends, family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client Assessment Form – Page 5. Alice Baland, MA, LPC, RDN**

Any phobias or unusual fears? \_\_\_ Yes \_\_\_ No What? \_\_\_\_\_  
\_\_\_\_\_

Ever experience auditory or visual hallucinations? \_\_\_ Yes \_\_\_ No \_\_\_\_\_  
\_\_\_\_\_

Ever experience a “natural high” in absence of substance abuse (with increase energy, mood, talkativeness, decreased need for sleep, etc.)? \_\_\_\_\_  
\_\_\_\_\_

**For Women Only:** Ever notice any change in mood or behavior *after giving birth or pre-menstrually*? Please give details (since when? how often?): \_\_\_\_\_  
\_\_\_\_\_

**Past Medical History:**

Please describe in detail if you have experienced any of the following (age, frequency, etc:

Intrusive thoughts of traumatic events \_\_\_\_\_  
\_\_\_\_\_

Recurrent nightmares \_\_\_\_\_  
\_\_\_\_\_

Flashbacks of frightening events \_\_\_\_\_  
\_\_\_\_\_

Prolonged loss of time \_\_\_\_\_  
\_\_\_\_\_

Avoidance of specific situations \_\_\_\_\_  
\_\_\_\_\_

**Chemical Dependency:**

Ever miss work or school due to being hung over, ever had any blackouts, accidents, legal (DWI, PI), health, marital or other problems? Please circle and describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SAD:** Ever notice any seasonal change to your mood or energy (i.e. fall/winter/ vs. spring/ summer)? \_\_\_\_\_  
\_\_\_\_\_

**FMS:** Are you familiar with the concept false memory syndrome (that “repressed memories” may be inaccurately remembered)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client Assessment Form – Page 6. Alice Baland, MA, LPC, RDN**

At what age, and of what, is your first memory? \_\_\_\_\_  
\_\_\_\_\_

At what age do you begin to remember events consistently? \_\_\_\_\_

Do you have any significant gaps in your memory? \_\_\_\_\_  
\_\_\_\_\_

**STAR:** Please describe any **physical, emotional, and/or sexual trauma or abuse** you have experienced; your age(s); who? what? when? \_\_\_\_\_  
\_\_\_\_\_

If you have a trauma history, how much of the details have you processed in treatment?  
\_\_\_\_\_  
\_\_\_\_\_

To whom have you disclosed these experiences? What was their response? \_\_\_\_\_  
\_\_\_\_\_

**OCD:** Ever experience persistent obsessive thoughts or images of contamination, aggressive, sexual, or religious fantasy or pathological doubt? \_\_\_\_\_  
\_\_\_\_\_

Ever experience persistent compulsive behaviors, cleaning/washing, checking, counting, tapping, touching, repeating, or arranging/ordering? \_\_\_\_\_  
\_\_\_\_\_

**OSA:** Have you ever been informed that you snore loudly or that you stop breathing while sleeping or wake up gasping for breath? \_\_\_\_\_  
\_\_\_\_\_

**DREAMS:** Have you ever had recurrent dreams or nightmares? \_\_\_ Yes \_\_\_ No  
When? \_\_\_\_\_  
Do you keep a dream journal? \_\_\_ Yes \_\_\_ No \_\_\_\_\_

**PMH: Medical/Surgical**

Any prior injuries, falls or accidents (especially any that resulted in a loss of consciousness)? \_\_\_\_\_

Have you ever had a seizure or seizure disorder? \_\_\_\_\_  
\_\_\_\_\_

Have you ever had a MRI or CAT Scan of the head? Give dates and findings \_\_\_\_\_  
\_\_\_\_\_





**Client Assessment Form– Page 8. Alice Baland, MA, LPC, RDN**

**Social History:**

Home Town \_\_\_\_\_ Length of time in local area \_\_\_\_\_  
Level of Education \_\_\_\_\_ Major \_\_\_\_\_  
School \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

**Sleep Pattern:** # hours per night \_\_\_\_ How long? \_\_\_\_ mos./yrs. Hard to get to sleep?  
\_\_\_\_ Wake up during night? \_\_\_\_ How often? \_\_\_\_ Take meds to sleep? \_\_\_\_ What? \_\_\_\_  
Describe what you eat or drink 4 hours *prior* to scheduled sleep time: \_\_\_\_\_

**Nutrition/Eating/Activity History:**

Do you eat breakfast, lunch, breaks, and/or dinner at work/activity/therapy? Circle.  
Do you take food with you to work, elsewhere? \_\_\_\_\_  
Describe some examples: \_\_\_\_\_  
What do you typically eat for breakfast? \_\_\_\_\_  
Lunch? \_\_\_\_\_  
Dinner? \_\_\_\_\_  
Who prepares the meals at home? \_\_\_\_\_  
How many meals do you eat out during the week? \_\_\_\_\_  
How many meals and snacks do you eat during a 24-hour period? \_\_\_\_\_  
Name your favorite foods, ethnic foods, and snacks: \_\_\_\_\_

What are your three favorite restaurants? \_\_\_\_\_  
What percentage of the time do you travel? \_\_\_\_\_  
What is the most difficult time of day for stress eating? \_\_\_\_\_  
What is your rate of eating? Slow \_\_\_\_ Moderate \_\_\_\_ Fast \_\_\_\_ Inhale \_\_\_\_  
Circle if you experience these symptoms: Gas Bloating Constipation Diarrhea  
Heartburn List any others: \_\_\_\_\_

Describe a typical “*good day*” of eating: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe a typical “*bad day*” of eating: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continue on separate page, if needed)

What kind of support do you receive from your spouse/family/SO for your weight, eating, nutrition, or diet goals? \_\_\_\_\_  
\_\_\_\_\_

What kind of physical activities, sports, etc. do you engage in, how long per session, and how often during a typical week? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Client Assessment Form–Page 9. Alice Baland, MA, LPC, RDN**

How do you **feel** about participating in exercise, sports, dance, walking, etc.? (Love, hate, too busy, embarrassed, indifferent, etc.). Please circle and describe. \_\_\_\_\_

At what age did “play” become “exercise/work?” \_\_\_\_\_

**Body Image**

On a scale of 0 to 10, with 10 being the highest, please circle how you currently feel about your body (size, shape, weight, etc.):            0   1   2   3   4   5   6   7   8   9   10

What would you most like to change about your body? \_\_\_\_\_

What do you like best about your body? \_\_\_\_\_

What messages did you receive as a child about your body? \_\_\_\_\_

About eating patterns/body size/being fat/skinny, other? \_\_\_\_\_

**Diet History**

At what age was your first diet? \_\_\_\_\_ How did you do? \_\_\_\_\_

How many diets have you been on in the past 3 years? \_\_\_\_\_

What is your current food/meal plan? \_\_\_\_\_

What is the MOST weight have you lost? \_\_\_\_\_ Gained? \_\_\_\_\_

Who in your family is overweight? Father? \_\_\_\_\_ Mother? \_\_\_\_\_

Paternal Grandfather? \_\_\_\_\_ Paternal Grandmother? \_\_\_\_\_

Maternal Grandfather? \_\_\_\_\_ Maternal Grandmother? \_\_\_\_\_

Brothers/Ages? \_\_\_\_\_ Sisters/Ages? \_\_\_\_\_

Name Children (Current Ages and If Overweight): \_\_\_\_\_

**Client Assessment Form–Page 10. Alice Baland, MA, LPC, RDN**

Family History of Diabetes (List who): \_\_\_\_\_

Impaired Glucose Tolerance \_\_\_\_\_ Hypoglycemia \_\_\_\_\_ Hypertension \_\_\_\_\_

Heart Disease, High Cholesterol/Triglycerides \_\_\_\_\_

**Health**

Please circle how you feel about your **current health (physical and emotional)**:

Excellent                  Very Good                  Good                  Fair                  Poor                  Very Bad

What do you believe is of **greatest importance** in improving your **health** and/or **life**?

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

What **expectations or goals** do you have for our first few sessions?

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

What **obstacles** do you anticipate? \_\_\_\_\_

Please list any concerns or hopes you have that were not mentioned earlier.

(Thank you for completing these forms! Please bring them to your first session!)

**Alice's Notes:**

Next Appointment Day/Date/Time: \_\_\_\_\_

Initial Care Plan: \_\_\_\_\_

Homework: \_\_\_\_\_

## SAFETY CONTRACT

(This is to assure your safety. I request that all clients read and sign it please).

Client Name: (PRINT) \_\_\_\_\_

By signing below, I agree to the following:

**1. To make a binding commitment to LIFE.**

I permanently reject suicide as an option, although I understand that I may continue to experience suicidal thoughts of impulses (if I have them).

**2. To call my treatment team (psychiatrist) and follow their directions, if I experience any loss of impulse control or wish for self-harm; and/or call 911 and/or go to the nearest Emergency Room for treatment.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/ *or* Alice Baland

\_\_\_\_\_  
Date

# Marital/Couples Counseling Agreement with

**Alice Baland, MA, LPC, RDN  
214-335-5556**

[For Couples Only to Sign]

**Confidentiality is essential** in both individual and couples therapy.

Therefore, in case of divorce or **any** type of litigation,

I agree that I will **not** subpoena the therapy records of myself

or my spouse/partner.

Additionally, I will instruct my attorney and legal team that Alice Baland is **not**

to be a witness for either side in court or elsewhere.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

Alice Baland  
\_\_\_\_\_  
Or Other Witness

\_\_\_\_\_  
Date

# HIPAA PRIVACY FORM

**Alice Baland, MA, LPC, RDN**

Consent for Use and Disclosure of Health Information

## SECTION A: CLIENT GIVING CONSENT

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

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

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

Social Security Number: \_\_\_\_\_ Patient #, if any: \_\_\_\_\_

## SECTION B: TO THE CLIENT – Please read the following statements carefully.

**Purpose of Consent:** By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and healthcare operations.

**Notice of Privacy Practices:** You have the right to read our Notice of Privacy Practices before you decide whether to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures we may make of your protected health information, and of other important matters about your protected health information. A copy of our Notice accompanies this Consent. We encourage you to read it carefully and completely before signing this Consent.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practice. If we do change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain. You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting:

**Contact Person:** Alice Baland, MA, LPC, RDN

**Telephone:** 214-335-5556

**Email:** [Alice@EatUpTheGoodLife.com](mailto:Alice@EatUpTheGoodLife.com)

**Address:** 5172 Village Creek Drive, Suite 101, Plano, Texas 75093

**Right to Revoke:** You have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the Contact Person named above. Please understand that revocation of this Consent will not affect any action we took in reliance on this Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke this Consent.

I, (PRINT: \_\_\_\_\_), have had full opportunity to read and consider the contents of this Consent Form and your Notice of Privacy Practices. I understand that by signing this Consent form I am giving my consent to your use and disclosure of my protected health information to carry out any treatment, payment activities and health care operations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this Consent is signed by a personal representative on behalf of the client, complete the following:

Personal Representative's Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

You are entitled to a copy of this consent after you sign it if you wish.

# ALICE BALAND'S SPECIAL NEW CLIENT BENEFITS PACKAGE JUST FOR YOU!

## PROBLEMS? CONCERNS? Do you

- Want to prevent or overcome eating disorders, such as binge eating, compulsive eating, mindless eating, stress eating, bulimia, or restrictive eating?
- Want to overcome anxiety, depression, grief, loss of a loved one, sexual trauma/abuse?
- Want to lose weight without deprivation or diets or gain weight without fat?
- Have concerns about college, career choices, relationships or life purpose?
- Want to turn body loathing, low self-esteem, or moodiness into love and joy?
- Feel not good enough, not beautiful enough, not adequate or overwhelmed?
- Need a medical diet for food allergies, gluten-free, dairy-free, high cholesterol or other?
- Need a Nutrition Assessment or Psych Eval before Bariatric Surgery?
- Want to turn a lukewarm or Rocky Relationship into a more Romantic Relationship?

If you answered YES to one or more of the above questions, then you've come to Right Person at the Right Time! Alice Baland is your EMPATHETIC EXPERT and specially qualified to create NEW SOLUTIONS and PAIN RELIEF for YOU!

## SOLUTIONS for YOU: One or more of the following can be yours –

- A realistic, personalized *eating or life plan* with essential skills for better health, more confidence and healing, better ways to think, feel and act
- The ability to love and accept yourself for who you are, not please only others
- Reduce stress, anxiety, depression, fear, grief, trauma, chaos, out-of-control
- Science-based, heart-centered, psychologically-sound approaches just for you
- Be stronger, fitter, more nourished, energetic, balanced, in control of life
- Sessions can be in-person or nationwide phone coaching and email if you travel, have time constraints or live far away (although anorexia treatment is usually in person)

Are you ready to **EAT UP THE GOOD LIFE!?** Alice Baland is "**Your Good Life Guide!**"™ She creates personalized living and eating plans especially for you. Alice says, "*I show you how to overcome life distracters, obstacles and adversity, such as overweight, eating disorders, body loathing, stress, anxiety, depression, sexual trauma and rocky relationships so you can really EAT UP THE GOOD LIFE!*" **IMAGINE** how good your life can be with more confidence, self-worth, emotional and relationship skills and inner peace. This is the Right Way and the Right Time for you!"

## ALICE'S QUALIFICATIONS ASSURE THAT YOU RECEIVE THE BEST CARE!

- **BOTH** a psychotherapist **AND** a registered dietitian, *plus* a life coach and speaker
- **AUTHOR** of **EAT UP THE GOOD LIFE! Savvy Skills for Pleasurable, Guilt-Free Eating & Living** and **CATCH YOUR DREAMS! Getting What You Want Now!**
- **Certified Medical & Analytical HYPNOTHERAPIST** with APMHA (President 2008-2010), and Master Trainer of **EFT** (Emotional Freedom Technique). **Nutrition Entrepreneur of the Year.**
- **SPEAKER** for universities, corporations, associations, civic groups – and maybe your group!
- **Lifelong** continuing education to apply the latest skills, knowledge, techniques and help for you.

## BENEFITS PACKAGE FOR YOU AS ALICE'S CLIENT! So you can **EAT UP THE GOOD LIFE!**™

- **Immediately** receive **3 Free Gifts** (a special report, an audio download and a video demonstration) valued at **\$65** when you register at EatUpTheGoodLife.com, plus be eligible to receive her E-newsletter monthly. We invite you to share your thoughts via Alice's weekly **blog**.
- **Alice's** first **EAT UP THE GOOD LIFE!** newsletter is attached! Discover something motivating.
- Refer a friend and receive \$50 off your next session, plus your friend receives \$50 off their first one!
- It's our way of saying **THANKS** and helping you build a good foundation for **your life success!**



# EAT UP THE GOOD LIFE!



## *Savvy Skills for Pleasurable, Guilt-Free Eating & Living!*

Alice Baland, MA, LPC, RDN. *Your Good Life Guide!*

Psychotherapist, Dietitian, Hypnotherapist, Speaker, Author.

Overcoming Obstacles with Personalized Eating & Life Plans so you can:

EatUpTheGoodLife.com 214-335-5556. Office. Plano, Texas and The World!

We're already into the new year, all of us hoping and planning for a better year. Life's problems, stressors and obstacles can sometimes be difficult, if not overwhelming. Struggles can include overweight, overeating, health, surgery, post-holiday slump, depression, downsizing, loss of a loved one, rocky relationships, college, new career choices, self-doubt, trauma, a bad childhood, or simply wanting a happier, better life.

**What's eating you** right now? How are you handling these struggles? My belief is that most of us are resilient and hopeful about the future – and also that nearly everyone can use a pick-me-up helper at one time or another when it feels like too much. That's where good connections and compassionate, well-trained **mentors and healers can help you bear the burden**—until you're stronger on your own.

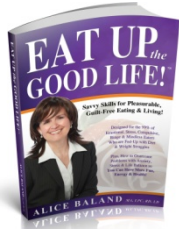
I remember seeing *Dragon: The Bruce Lee Story* many years ago. Here was a smart, **strong**, competent man who wanted to teach the world the self-defense techniques of his country. However, this was against his culture and he was brutally beaten and left for dead because of it. He spent long, agonizing months in a hospital, unable to move because his back was also broken and he would probably never walk, much less fight again. Even he despaired and wanted to give up his dreams. However, his loving wife, doctors and friends never gave up. Bruce Lee **did recover** and go on to achieve many more dreams of helping others, perhaps in ways he had not planned. He developed new and better techniques too!

Bruce Lee was a **role model** and inspiration for me. So was a black belt friend of mine. I signed up for Tae Kwon Do for an hour and a half three days a week. I loved it! My training with my Korean instructor, Mr. Ra, who was missing a hand, but had numerous trophies displayed at the studio, was priceless. Not only did I become more skilled in self-defense, but I gained more **confidence**, stamina and strength that helped me **overcome** two personal tragedies – a brutal sexual assault and the death of my mother at a young age. That led me to become a nutritionist at the health department outside Denver and design and teach a **Weight Control and Self Defense** class for women. It was so popular that no one ever missed and wanted me to keep it up indefinitely. It was a unique, fun and challenging program! We all grew closer too and fed each other emotionally. Later, I got good **therapy** and became a counselor and speaker so I could help others even more.

Yes, we are **resilient** ones, especially when we have someone to help us when we are down or to show us new and better ways of getting where we want to go. What are some of these **savvy skills** that can make our lives better? They are different for everyone, but can include skills for coping with loss, anger, trauma, PTSD, self-soothing, self-acceptance, self-love, integrating inner and outer influences, self-protection boundaries, and a strong nutrition plan **personalized** to your needs, lifestyle and preferences. You are like no other and **you deserve the best**, because you give the best. Right?

**Imagine** how good your life can be with more confidence, self-worth, relationship skills, income and inner peace. Imagine having nutritious meals you enjoy that give you strength, stamina, health, and a strong body. What would you **DO** with your life after **overcoming** yet more of what life throws at you? Remember, a mentor is quicker. Get started now.

Warmest wishes, Alice



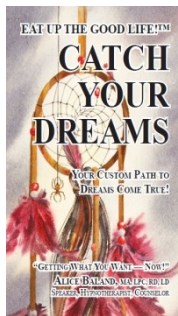
**Books by Alice Baland:** *EAT UP THE GOOD LIFE!* is the perfect antidote for our country's toxic preoccupation with weight and diet prescriptions. It includes fresh, simple solutions for overcoming overeating and overweight, stress and anxiety so you or your loved ones can have more fun, energy, health and a better balanced life!

Randy Rolfe, Family Therapist, Author of *You Can Postpone Anything but Love*.

Designed for the 99% of Emotional, Stress, Compulsive, Binge and Mindless Eaters who are fed-up with diet and weight struggles, Alice shows readers how to stop using food, weight and eating as a distraction to living The Good Life – and how to fill the emotional void with a lavish buffet of delicacies for Body, Mind, and Spirit. Feed your Earth Suit the best fuel combinations to balance out your favorite fun foods – without guilt or deprivation! Find out how in this book.

Discover what's in the Nutrition Kit, how to satisfy the Two Hungers, how to care for your Earth Suit, be accountable, the two essentials to Curb Cravings, over 65 Savvy Skills and the ABC's of How to Eat Up The Good Life!

This rich resource and guidebook is perfect for all eaters, educators, clinicians, parents, students, normal eaters and YOU! This is the Right Way and the Right Time to transform your relationship with food, eating and yourself. *EAT UP THE GOOD LIFE!* puts a positive spin on eating, rather than vilifying food. How refreshing! **\$24.97** (plus 3 free gifts!) Get yours now at [www.EatUpTheGoodLife.com](http://www.EatUpTheGoodLife.com) (and 3 free gifts valued at \$65.00!)



**CATCH YOUR DREAMS!** by Alice Baland, is the perfect playbook and action guide to inspire and help you achieve your dreams and highest potential. Three easy steps show you how to make this happen:

1.) Release your potential; 2.) Refine your vision; 3.) Reap the rewards!

So that your Mind, Spirit and Body Convey Confidence, Vibrate with Energy, Gag the Guilt, Balance Your Best, Shine with Success!

You'll brainstorm with the 100 Dreams activity. Later you will narrow your choices to seven categories to balance your life. You'll visualize and refine these and choose your special one dream on which to focus.

All categories have plenty of space to write, journal, draw, create a collage, cut and paste visuals. Beautiful photographs in each section and fabulous quotes set the stage for releasing and implementing your dreams. Become and achieve what you most want in life!

*CATCH YOUR DREAMS* is not only beautiful, it's your personal Dream Book. You'll love it and use it daily. It is spiral-bound for ease in laying flat and really losing yourself in your vision of the future. Margins on every page coordinate a beautiful photo from the section header to keep you on target and motivated.

Best of all, this is the place where you create Your Custom Path to Dreams Come True – Getting What You Want...Now!

*CATCH YOUR DREAMS* makes an ideal gift for yourself, professionals, students, parents, dreamers, and anyone who yearns for more in life! **\$24.97 .Bonus: Receive 3 Free Gifts valued at \$65 when you sign up on the Home Page: [www.EatUpTheGoodLife.com](http://www.EatUpTheGoodLife.com)**

**SERVICES:** Speaking for your group; counseling for depression, anxiety, eating disorders, weight management, prevention, Medical Nutrition Therapy (as diabetes, reactive hypoglycemia), individual and family nutrition; nationwide phone coaching, personal and career development, couples, marriage and family, trauma, grief. Alice offers supermarket nutrition tours for gluten-free, allergies, sports nutrition, families, individuals and special diets. Ask about special programs and packages.

# Pre-Authorized Consultation/Payment Agreement

Alice Baland has my permission to charge consultation fees to my:

\_\_\_\_\_ VISA

\_\_\_\_\_ MasterCard

Note: Payment for in-person sessions, phone sessions, any sessions missed without 24-hr. **phone** cancellation will be charged. (full fee stated in Informed Consent signed by client; insurance does not pay for these), **court appearances, consults with attorneys, physicians or others, associated fees.**

**Credit Card Number** \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

**Expiration Date (month/year)** \_\_\_\_\_ / \_\_\_\_\_

**Name/Initial on Card** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Client Name** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Best Phone #** \_\_\_\_\_

**Please Complete, Sign, and Return**

Fax: 214-291-5354 (or bring to your first session with Alice)

**Alice Baland's Life Solutions Center, LLC**

5172 Village Creek Drive, Suite 101, Plano, Texas 75093

[EatUpTheGoodLife.com](http://EatUpTheGoodLife.com) [Alice@EatUpTheGoodLife.com](mailto:Alice@EatUpTheGoodLife.com)

**Alice Baland, MA, LPC, RDN**

**214-335-5556**

# DIRECTIONS

By Appointment Only:

**5172 Village Creek Drive, Suite 101, Plano, Texas 75093. Alice Baland's Office.**

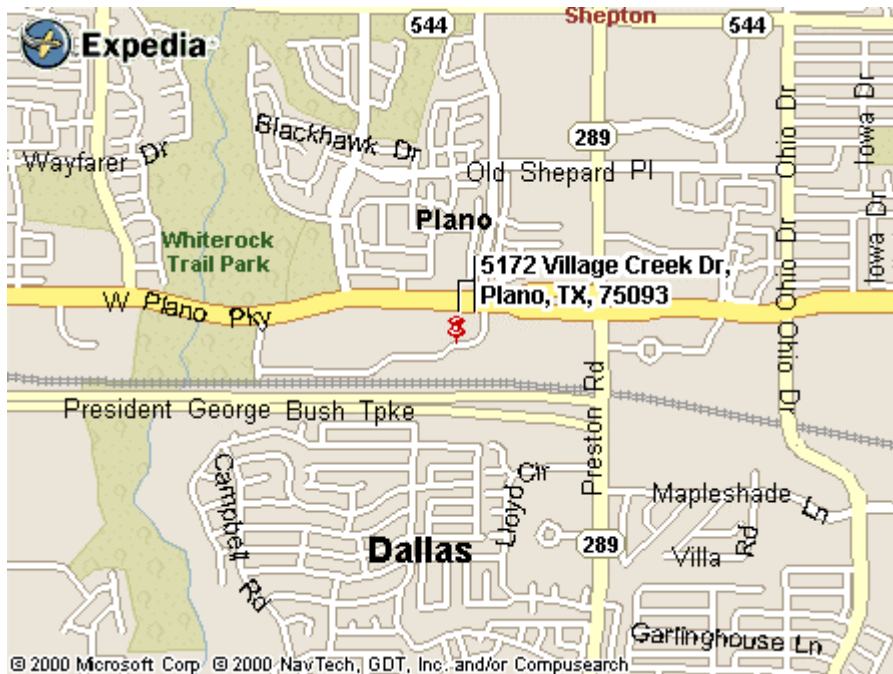
Go to MapQuest for directions from your location.

Take either US 75 and exit on Plano Parkway or the 190/the President George Bush Turnpike and go west to Preston Road.

Or take the Dallas North Tollway to Plano Parkway and go east to Village Creek Drive, which is the first light west of Preston Road.

(It's easy access from the George Bush Turnpike & Preston Road, or just east of the Dallas North Tollway and Plano Parkway). My office is just off PLANO PARKWAY, the first light WEST of PRESTON RD. Turn SOUTH at the light, which is VILLAGE CREEK DRIVE (by the Prince of Peace Catholic Community and PrimaCare) and go down 3/10 of a mile to 5172 Village Creek Drive, Suite 101 (Facing the street, around the corner from Plano Birthplace). When you're in the Reception Room, text me your arrival at 214-335-5556.

Mine is the only 2-story stucco building on the block. My name is listed on the marquee outside "Alice Baland, LPC." Free parking in the back, just a few steps from Suite 101. (214) 335-5556. (Around the corner from Plano Birthplace).



This packet is for:

**New Psychotherapy, Nutrition and Couples Clients**

and

**Bariatric Surgery Psychological Evaluations**  
(weight loss surgery)

Please complete the entire form to the best of your ability.  
Bring it with you for IN-PERSON Appointments with Alice

Or Fax It to Her for Psych Evals by Phone  
214-291-5354  
(Confidential Fax)

**PAYMENT:**

You must complete and fax the  
Pre-Authorized Consultation/Payment Agreement  
48 Hours BEFORE your appointment to reserve your time

Thank you!

[There is a SEPARATE 3 PAGE FORM for  
NUTRITION ASSESSMENT  
to complete prior to surgery]

ATTENTION: Please cancel or change appointments AT LEAST 24 Hours Before an  
Appointment and no later than 9 AM for a Monday Appointment.  
Call 214-335-5556 and leave a message 24/7