

YOUR TREATMENT EXPECTATIONS

Below are several statements about what you might expect from your treatment at "The Psychology Center, Inc.". Please tell us how much you **agree or disagree** with each statement.

1. I expect therapy to help me solve some specific problems I'm already aware of.
Definitely yes ___ Probably ___ Not sure ___ Definitely not
2. I want general help in finding out exactly what my problems are.
Definitely yes ___ Probably ___ Not sure ___ Definitely not
3. I expect my doctor to be warm and friendly with me, and to really get to know me.
Definitely yes ___ Probably ___ Not sure ___ Definitely not
4. I would rather my doctor be objective and firm, staying uninvolved emotionally with me
Definitely yes ___ Probably ___ Not sure ___ Definitely not
5. I want to try medications for my problems.
Definitely yes ___ Probably ___ Not sure ___ Definitely not
6. I expect the doctor to give me a lot of advice and feedback about what I should do.
Definitely yes ___ Probably ___ Not sure ___ Definitely not
7. In my treatment, I expect to work on understanding myself better so I can handle my own concerns and make my own decisions.
Definitely yes ___ Probably ___ Not sure ___ Definitely not
8. I would like some personality assessments or psychological testing to be a part of my treatment to see if I can learn more about myself.
Definitely yes ___ Probably ___ Not sure ___ Definitely not
9. I prefer to schedule sessions: Twice weekly ___ Once weekly ___ 2 or 3 times a month ___
As available ___
10. I want to periodically review the progress we have made and how much longer treatment may last.
Definitely yes ___ Probably ___ Not sure ___ Definitely not
11. I would like to have the option of continuing treatment on my own if my health insurance benefits are limited or used up.
Definitely yes ___ Probably ___ Not sure ___ Definitely not
12. I would like to plan well ahead of time for the ending of the therapy relationship.
Definitely yes ___ Probably ___ Not sure ___ Definitely not
13. I would welcome the possibility of returning for help more than once over my lifetime.
Definitely yes ___ Probably ___ Not sure ___ Definitely not
14. I would like to be added to The Psychology Center, Inc. newsletter mailing list.
Definitely yes ___ Probably ___ Not sure ___ Definitely not

(over please)

15. In an emergency, I would use the 24 hour office telephone number or voice mail.
 Definitely yes ___ Probably ___ Not sure ___ Definitely not
16. I want your office staff to handle all of my insurance company's correspondence for any additional information and for correcting claims payments or disputes.
 Definitely yes ___ Probably ___ Not sure ___ Definitely not
17. I would like to receive free written handouts on various subjects related to my therapy.
 Definitely yes ___ Probably ___ Not sure ___ Definitely not
18. I expect to attend up to: ___ 5 ___ 10 ___ 25 ___ 50 sessions
 ___ open - whatever I feel I need ___ open – whatever the Doctor feels I need
19. I would be willing to complete and return a "Client Satisfaction/Treatment Outcome Survey" at the end of treatment to be mailed back to the office.
 Definitely yes ___ Probably ___ Not sure ___ Definitely not
20. If I have a good experience at The Psychology Center, Inc., I would be willing to refer my friends, family, or co-workers.
 Definitely yes ___ Probably ___ Not sure ___ Definitely not
21. I would like to use The Psychology Center's free audio and video tape cassette library.
 Definitely yes ___ Probably ___ Not sure ___ Definitely not
22. I expect to give direct negative feedback to my doctor if something about "The Psychology Center" or its' staff troubles or disappoints me.
 Definitely yes ___ Probably ___ Not sure ___ Definitely not
23. If my insurance company does not pay for missed or cancelled appointments, then I will pay out of my own pocket.
 Definitely yes ___ Probably ___ Not sure ___ Definitely not
24. I would be willing to complete "homework" assignments or questionnaires between sessions to help in my treatment.
 Definitely yes ___ Probably ___ Not sure ___ Definitely not
25. I prefer to have: 30 minute sessions at \$60 ___ 45 minute sessions at \$100 ___
 55 minute sessions at \$120 ___ 90 minute sessions at \$180 ___

On a scale of 1-10 (with 10 being "perfect"), my satisfaction with my personal functioning lately has been (circle) 1 2 3 4 5 6 7 8 9 10

On a scale of 1-10 (with 10 being "perfect"), my satisfaction with my relationship functioning lately has been (circle) 1 2 3 4 5 6 7 8 9 10

Please return in person or by mail immediately.

3/00

NAME _____

DATE _____

