

# **CORNERSTONE – Anger Management Group Intake Form**

Oxnard Simi Valley Ventura Thousand Oaks

**PLEASE ANSWER ALL QUESTIONS!**

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

**Referred by:** \_\_\_\_\_

**Your Name** \_\_\_\_\_

**City Grew up in** \_\_\_\_\_

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

**H Phone** \_\_\_\_\_

**Cell** \_\_\_\_\_

**W Phone** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**DOB** \_\_\_\_\_ **Drivers License#** \_\_\_\_\_

**Employer Name** \_\_\_\_\_ **Employer City** \_\_\_\_\_ **Monthly Income \$:** \_\_\_\_\_

**Children's Names** \_\_\_\_\_ **Ages** \_\_\_\_\_ **School** \_\_\_\_\_ **Problems?** \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 (or more) \_\_\_\_\_

**Current Partners Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Ex Partners Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Are there any restraining order against you? Y N If yes, by who and when does it expire?** \_\_\_\_\_

**How long were you together: Married? When?:** \_\_\_\_\_

**Where there any periods of separation Y N If yes, when and for how long?:** \_\_\_\_\_

\_\_\_\_\_

**Was there any violence in the relationship (by you or Partner?):** \_\_\_\_\_

\_\_\_\_\_

**CASE DETAIL (This info will only be used to assist in your counseling):**

**Issues (arrest detail or other presenting circumstances?):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Charge (in words)** \_\_\_\_\_ **Year/Age** \_\_\_\_\_ **Punishment** \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Other History**

**What weapons do you own?** \_\_\_\_\_ **Location of them now?** \_\_\_\_\_

**Did you graduate from HS? Y N Did you attend college? Y N Did you graduate college?: Y N**

**Do you have any medical problems? List:** \_\_\_\_\_

**Do you have any medication? List:** \_\_\_\_\_

**What is your current treatment for the above?:** \_\_\_\_\_

**Ever been in therapy or a mental hospital? Y N** \_\_\_\_\_

**Do you have any history of anxiety or depression? List:** \_\_\_\_\_

**What is your current treatment for mental health?:** \_\_\_\_\_

**What is your Current use of Alcohol (Frequency): Daily Weekly Socially None Type:** \_\_\_\_\_

**Are you using any other drugs?: Y N Type:** \_\_\_\_\_

**Have you had a past history of Substance abuse?: Y N What did you use and for how long:** \_\_\_\_\_

**Are you currently going through a divorce? Y N If yes, who filed and when will it be final?:** \_\_\_\_\_

**Was their Domestic Violence in your home as a child?: Y N Describe:** \_\_\_\_\_

\_\_\_\_\_

**Were you in the military: Y N If yes, what branch and when:** \_\_\_\_\_

**Have you been in recent fights with men? Y N If yes list details of last fight** \_\_\_\_\_

\_\_\_\_\_

**Who can we call in the event of an emergency?** \_\_\_\_\_ **Cell #** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Property of Cornerstone Counseling - Bring to office filled out.

**CORNERSTONE ANGER MANAGEMENT GROUP CONTRACT**

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

Client ID# \_\_\_\_\_ Client Date of Birth \_\_\_\_\_

- 1) I agree to pay my established fee of \$ **70 per lesson** to get a seat in the class. If I **do not pay my fee I will not get a session on ZOOM or seat in the class.** I know I will not complete this program without paying all fees due to CORNERSTONE.
- 2) I know that I need to call **24 hours prior** to class to notify Cornerstone personnel of my absence from class, otherwise I will be responsible for payment of that missed session. I will bring that absence class fee to the **next week's class.**
- 3) The official count of classes completed is with Cornerstone files and will be noted on my progress reports and final completion letter.
- 4) I know that recording of any session is prohibited.
- 5) I know that food and drink are prohibited. Leave all food and drink containers outside the office.
- 6) I know that if I damage any property in the counseling center I will be held financially responsible.
- 7) I know that any reproduction of teaching materials obtained from Cornerstone is prohibited.
- 8) I agree to attend class sessions **free of chemical influence.** I understand that if I violate this rule, I will be told to leave class, receive no credit for that session, and still be responsible for my full fee.
- 9) I agree to **regularly and honestly participate** in weekly class sessions by arriving **on time**, honestly discussing my past violence and abuse, and completing all assignments in a timely fashion. If I arrive late, I may be asked to leave.
- 10) I understand that if Cornerstone personnel determine that my behavior in class is disruptive or inappropriate in any way, I will be asked to leave that session and could be terminated from the program. **That decision is left up to the discretion of the group facilitator and/or Scott Barrella, Director.**
- 11) I will keep all comments made by other class members regarding themselves, their families, past victims, current partners or any other persons they mention confidential. Violation of this rule may result in termination.
- 12) Cornerstone personnel cannot guarantee that comments you make will be kept confidential due the fact that other class members may speak about comments you make in class. There are also predetermined limits to confidentiality that are noted on a separate contract form.
- 13) I agree to follow-through in a timely manner on **referrals** deemed appropriate by Cornerstone Personnel. Those will be specified at a later time. Failure to comply could result in termination.
- 14) I agree to attend a minimum of **16 lessons**, in **no less than 8 weeks** and **no more than 16** weeks. If the Court order states a different number show proof to the facilitator.
- 15) I know that I must attend my regularly scheduled session every week. Make-up sessions must be scheduled by the facilitator.
- 16) All my deadly weapons have been removed from my possession. Who has your weapons at this time?  
Name \_\_\_\_\_ PHONE \_\_\_\_\_
- 17) I agree to binding arbitration if any legal issues arise with Cornerstone Counseling Center and/or any of the Cornerstone Personnel. I agree to pay all legal expenses and loss of income incurred Cornerstone Counseling Center and/or any of the Cornerstone Personnel due to this action.

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

\_\_\_\_\_  
DATE

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

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

**DATE** \_\_\_\_\_

Client ID# \_\_\_\_\_

Client Date of Birth \_\_\_\_\_

**Limits to your CONFIDENTIALITY**

(Signing this contract constitutes a **Release of Information**):

- I understand that **Cornerstone Personnel** needs to be informed of any additional individual, marital, couples, and family counseling I have taken in the past or am currently taking. By signing this form I am giving permission for both parties to freely discuss all aspect of my counseling and treatment.

Name of counselor: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates of Txt: \_\_\_\_\_

Name of counselor: \_\_\_\_\_ Phone: \_\_\_\_\_ Dates of Txt: \_\_\_\_\_

- I understand and grant permission for **Cornerstone Personnel** to contact my mediator and any other person connected with my case.
- I know that I must notify Cornerstone personnel of any additional **acts of violence or threats of violence**. Cornerstone Personnel will first encourage me to self-report them to probation and law enforcement. I know that if a Cornerstone counselor determines that I am a danger to the person or personal property of another, they must report it to law enforcement and attempt to warn the potential victim and any foreseeable bystanders.
- I understand that if Cornerstone personnel assess that **neglect**, emotional or physical abuse of **children**, dependent adults or elders has occurred or is occurring, Cornerstone personnel will **immediately** make a phone report to Protective Services followed with a written report in 24 hours.
- Due to the nature of the educational process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you (the client) nor your attorney, nor anyone else acting on your behalf will call on Cornerstone Personnel to testify in court or at any other legal proceeding, nor will a disclosure of the case records be requested. If, however, you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify. Because of the difficulty of legal involvement, I charge \$1000 per day for preparation, travel, and attendance at any legal proceeding. This is due one week **PRIOR** to the court date. Additional fees may be charged if you take longer in court than originally estimated.
- If Cornerstone personnel determine I have obtained a **weapon** and plan to use it on anyone, Cornerstone personnel is required to report this to police immediately. If you are determined by Cornerstone personnel to be a danger to self, Cornerstone personnel will disclose such information to those it deems necessary to attempt to prevent you from self-harm.
- I will not hold Cornerstone Personnel liable for violating confidentiality.

I understand English and have read and agree the above terms and conditions. **I understand that my failure to comply with any of the above conditions could result in my dismissal from the program.**

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

\_\_\_\_\_  
DATE

Print Name below:

\_\_\_\_\_

**Property of Cornerstone Counseling - Bring to office completed.**

# Cornerstone Counseling Center – Online Rules

805-390-6384      Ventura – Simi Valley – Thousand Oaks – Van Nuys – Agoura Hills  
Scott Barrella, MS LMFT – Clinical Director and Facilitator

- All above contractual obligations still apply and you agree to these conditional online terms.
- You will provide Cornerstone with a valid email address.
- You will receive a ZOOM meeting code and you will be expected to create a ZOOM account so that you can login to that service to participate.
- You must have either a Venmo or Zelle Account to pay for the class at least 3 Hours PRIOR to the start of class. Or you may come to the office to pay in advance with cash or money orders at least 2 hours prior to class.
- You will be expected to arrive at least 5 minutes prior to the start of the class for roll call of attendance. The class duration is depending on the lesson time at the Facilitator’s discretion.
- A PDF of the lesson book will be emailed to you and you will be asked to participate in the class discussion.
- Ventura Probation can join in any class at any time.
- Clients must stay on-camera for the entire class except during planned breaks.
- If you go off camera or appear distracted, Cornerstone will ask you to conduct a 360 degree scan of your immediate area to ensure you are **alone, not using drugs and are not being distracted**. If you are out of compliance you will be disconnected and you will lose credit for the class.
- Additional conditions may apply and those are at the discretion of Cornerstone Facilitators.

I agree to the terms above:

Client Signature:

Date

\_\_\_\_\_

Client Name:

\_\_\_\_\_