

## THERAPIST'S RESOURCE KIT

The Resource Kit is a collection of forms and handouts to be used in clinical practice. They are meant to be used in your practice and can be modified to suit you. Many of them are meant to be copied onto your letterhead. There are over 40 forms or handouts included in the kit. You will find all of the following in your kit:

Client Hand Outs	Therapist's Information	Practice Forms	Clinical Aids
A Bill of Rights	Sample HCFA 1500	Fax Transmission	Involuntary Movement
Rational vs. Irrational Thoughts	Form	Fax Confidentiality Statement	Scale
Choosing a Therapist	Sample Outpatient Tx Report	Missed Session Policy	Mental Status Exam
What is Psychotherapy?	Sample Inquiry Letter to MCO	Scheduling & Payment Policies	Brief Psychiatric Rating Scale
Self Pay vs. Insurance	Psychotropic Medications	Disclosure w/Patient's Consent	Sub scale Problem Areas
Managed Care vs. Self Pay	How to Treat Managed Care Anxiety	Consent for Treatment of Minors	Using Axis V Sub scales for DSM-IV
What about Brief Therapy?	Follow up Telephone Inquiry	General Release Form	Caregivers Strain Index
Group Information Sheet	Professional Thank You	Client Intake Form	Food & Feelings Intake
Confidentiality	CEU Tracking	Data Intake	Food & Feelings
Intervention Work vs. Outside Work	Referral Tracking	Financial Agreement	Paradoxical Permission
Rational vs. Irrational Thoughts	Anti-Depressant Medications	Payment Plan	Risk Factors for Suicide
Couples	Mandated Reporting in Child Abuse/Neglect	Insurance Tracer Letter	Suicide Prevention Agreement
Counseling/When Does a Child Need Therapy?		Notice of Privacy Practices	Is It Time to Leave Therapy?
		Business Associate Contract	Relationship Satisfaction Survey

---

### ORDER FORM – THERAPIST'S RESOURCE KIT

\_\_\_\_\_ Number of Copies

MSCSW MEMBER PRICE	\$35	
NON-MEMBER PRICE	\$40	
Plus shipping/handling	\$7.50	Total Enclosed \$ _____

\_\_\_\_\_ Check, payable to MSCSW      \_\_\_\_\_ Visa      \_\_\_\_\_ Mastercard

\_\_\_\_\_ Credit card number      \_\_\_\_\_ Expiration date

Send to: \_\_\_\_\_  
Name – please print legibly

\_\_\_\_\_ Address      \_\_\_\_\_ City, State , Zip

**MAIL ORDER TO:** MSCSW, P.O. Box 47577, Baltimore, MD 21244. Allow two weeks for delivery.