

STEVEN SUSSMAN, Ph.D. CHILD & TEEN SUCCESS CTRS Fax 908 654 4676

CHILD'S FULL NAME _____

Parent's Full Name _____

Email _____ @ _____

Child's Home Address with *City or Town & Zip Code* _____

(Please include full address including town and zip code) _____

Mother's Tel. #s: Home _____ Cell _____ Work _____

Father's Tel. #s: Home (If Separated) _____ Cell _____ Work _____

Child's School & Grade _____ DOB _____ Age _____

REFERRED BY (Circle) Insurance Co./Doctor/School/Friend/Relative/Ad Name _____

I am bringing my child for help because _____

Are you or a close friend/relative a psychotherapist who is knowledgeable about your child? _____ If yes, would you like me to consult with them? _____

If yes, what is their contact information? _____

FAMILY: Name DOB Education/Employment Personality How Do They Get Along with Patient?

(PLEASE ANSWER ALL OF THE QUESTIONS ABOVE)

Mother _____

Father _____

Parents are- Living Together? _____ Separated? _____ Divorced? _____

How are the child's parents getting along? Explain-- _____

What is your child's ethnic and/or religious background? _____

Other Adults Involved (For Example-Grandparents, Step-Parents, Baby-Sitters, Teachers, Etc.

Name Age Education/Employment Personality How Do They Get Along with Patient?

Siblings (Indicate Brother/Sister and/or Step-Sibling, Age, Grade, Personality, Getting Along w Patient?)

- (1) _____
- (2) _____
- (3) _____

My child's home life and emotional climate is best described as _____

IS YOUR CHILD ADOPTED? If Yes, Age & Circumstances of the Adoption _____

PSYCH. HISTORY OF CHILD'S BLOOD RELATIVES (Indicate YES or No and Relation)

Alcohol Abuse _____	Drug Abuse _____
ADD or AD/HD _____	Anxiety _____
Regular Depression _____	Bi-Polar _____
Obsessive/Compulsive _____	Eating Disorder _____
Aspergers or Autism _____	Schizophrenia _____
Suicide or Homicide _____	Other _____

DEVELOPMENTAL HISTORY

Pregnancy/Delivery Problems (If Any) _____

Describe Infancy (Temperament, Eating, Sleeping, Crying Etc.) _____

Walking, Talking, & Toilet Training (At What Age? Any Problems?) _____

Early Childhood Personality (Toddler/PreSchool) _____

Current Personality _____

Social Skills & Popularity _____

MEDICAL HISTORY (Complete all that apply)

Pediatrician & Office Address & Telephone _____

Past & Present Medical Conditions & Medications (Include Any Food/Frug Allergies _____)

Child Neurologist or Psychiatrist, Medications & Dosages _____

*MANY INSURANCE COMPANIES REQUIRE THAT WE COORDINATE CARE WITH YOUR CHILD'S PHYSICIANS. PLEASE SIGN BELOW IF YOU GIVE YOUR PERMISSION TO DO SO

I GIVE DR. SUSSMAN PERMISSION TO SHARE INFORMATION WITH MY CHILD'S PHYSICIANS

(SIGNATURE)

(DATE)

PSYCHOLOGICAL TRAUMA: (Has Your Child Ever Been Abused or Traumatized?)

No or Yes or Maybe (Explain) _____

STEVEN SUSSMAN, PhD

56 SEGUINE AVE.
STATEN ISLAND, N.Y. 10309

CHILD & TEEN SUCCESS CENTERS

615 SHERWOOD PKWY
MOUNTAINSIDE, NJ 07092

CHILD SYMPTOM CHECKLIST

CHILD'S NAME _____ PARENT'S NAME _____
DATE _____ CHILD'S DOB _____ AGE, SCHOOL & GRADE _____

Please check all items that apply to child for at least the past 6 months.

- ___ often fails to give close attention to details or makes careless mistakes
 - ___ often has difficulty sustaining attention in tasks or play activities
 - ___ often does not seem to listen when spoken to directly
 - ___ often does not follow through on instructions and fails to finish schoolwork or chores, which is not due to oppositional behavior or lack of understanding
 - ___ often has difficulty organizing tasks and activities
 - ___ often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
 - ___ often loses things necessary for tasks or activities (i.e. toys, pencils, assignments, books, tools)
 - ___ is often easily distracted by extraneous stimuli
 - ___ is often forgetful of daily activities or routines
- (6 or more suggests Attention Deficit Disorder-Inattentive Type)

- ___ often fidgets with hands or feet or squirms in seat
 - ___ often leaves seat in classroom situation or in other situations in which remaining seated is expected
 - ___ often runs about or climbs excessively in situations in which it is inappropriate (for adolescents this may be limited to feelings of restlessness)
 - ___ often has difficulty in playing or engaging in leisure activities quietly
 - ___ is often "on the go" or acts as if "driven by a motor"
 - ___ often talks excessively
 - ___ often blurts out answers before questions have been completed
 - ___ often has difficulty waiting his turn
 - ___ often interrupts or intrudes on others (butts into conversations or games)
- (6 or more Suggests Attention Deficit Disorder- Hyperactive/Impulsive Type)

Has any professional suggested or diagnosed your child with AD/HD-Attention Deficit Disorder? If yes, Who and When? _____

If no, do you suspect your child has AD/HD? Why? _____

- often loses temper
- often argues with others
- often actively defies or refuses to comply with adults' requests or rules
- often deliberately annoys others
- often blames others for his/her mistakes or behavior
- is often "touchy" or easily annoyed by others
- is often angry or resentful
- is often spiteful and vindictive
- often throws or breaks objects
- often hits or physically threatens-(Circle) mother, father, grandparents, siblings
(4 or more suggests Oppositional Defiant Disorder)

- often bullies, threatens, or intimidates other children
- often initiates physical fights
- has deliberately destroy other's property
- has broken into someone's house, car or building
- often lies to obtain goods, favors, or to avoid obligations (e.g. cons others)
- has stolen items of value without facing the victim (e.g. shoplifting, forgery)
- often stays out at night despite parental prohibitions
- has run away from home overnight at least twice
- often cuts classes and/or truant from school
- shows little remorse: and even then, it is to obtain a lesser punishment
(3 or more after age 14 suggests Antisocial Personality)

- often has rages that last for hours at at a time
- often displays or expresses excessive fears or worries about many things, especially bad fortune to him or herself or family members
- often unable to engage in activities or play due to nervousness or worries
- does not seem interested in the activities that once brought pleasure
- is often moody, tearful, and/or overly sensitive to perceived criticism or imagined slights
- has experienced significant weight gain or loss in past 12 months
- has sleep difficulties (e.g. falling asleep or staying asleep, early morning awakenings, or trouble getting up in morning)
- often exhibits social anxiety (i.e., avoids interacting with anyone other than friends or family)
(3 or more Indicators of Anxiety and/or Depression)

- has few friends and has little interest in having friends
- has excessive interest in things as opposed to people
- prefers to be alone
- often gets teased or bullied-by whom? _____
- has excessive knowledge, like an encyclopedia, about an unusual topic
- has little interest in the latest popular fad in toys, clothes and music
- has an unusual tone of voice and/or lacks inflection
- has an exceptional memory for events that occurred long ago
- lacks empathy and understanding of others
- lacks the ability for social imaginative (pretend) play
- has a tendency to flap or rock when distressed
- does "stemming" - wringing of hands and/or fingers
(3 or more Indicators of Pervasive Developmental Disorders)

Has any professional suggested or diagnosed your child with Oppositional Defiant Disorder, Antisocial Personality, Anxiety, Depression, Pervasive Developmental Disorder, Aspergers Disorder? If yes, Who and When? _____

If no, do you suspect your child has any of the above? Why? _____

**STEVEN SUSSMAN, PhD
LICENSED NJ & NY PSYCHOLOGIST**

**615 Sherwood Parkway
Mountainside, N.J. 07092**

**56 Seguire Ave.
S.I., N.Y. 10309**

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE HIPPA
PRIVACY NOTICE FOR THE OFFICE OF STEVEN SUSSMAN, PhD

PATIENT NAME _____

DATE OF BIRTH _____

PARENT NAME _____

SIGNATURE _____

DATE _____

PLEASE SIGN FORM AND BRING TO FIRST APPOINTMENT

**STEVEN SUSSMAN, PHD
LICENSED NJ & NY PSYCHOLOGIST**

**615 Sherwood Parkway
Mountainside, N.J. 07092**

**56 Seguire Ave.
S.I., N.Y. 10309**

HIPPA PRIVACY NOTIFICATION

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT
YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Health Insurance Portability & Accountability Act of 1996 (“HIPPA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This act gives you, the patient, significant new rights to understand and control how your health information is used. “HIPPA” provides penalties for covered entities that misuse personal health information.

As required by “Hippa,” we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include a physical examination.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- * **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all reference to individually identifiable information.

We may contact you to provide appointment reminders or provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and provide you with notice of our legal duties and privacy practices with respect to protected health information.

We are required to abide by the terms of this Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information or to file a complaint:

The U.S. Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue S.W.
Washington, D.C. 20201
(202)619-0257 or Toll Free: 1-877-696-6775

FREQUENTLY ASKED QUESTIONS

- 1) Does Dr. Sussman have a lot of experience with children?**
Dr. Sussman has been practicing since 1980 and has been working exclusively with children since 1997. Dr. Sussman has both published articles and been selected by educational companies and agencies to train other mental health professionals on how to work with difficult children.
- 2) When will Dr. Sussman be able to tell a parent what is the reason for a child's behavior?**
Children are not able to tell us what is bothering them as well as adults. It will take at least a few sessions before Dr. Sussman can understand and diagnose a child. Please do not expect answers and/or advice after just one or two visits.
- 3) When can a parent expect to see results?**
The child should start to improve within 2-3 months. If there is no improvement, a parent should request a meeting with Dr. Sussman. Further evaluation and testing to determine why the child is not progressing often proves productive. In some cases, Dr. Sussman will refer the child to other professionals like a child neurologist or psychiatrist.
- 4) Why does my child not improve or improve and then suddenly have a relapse or get worse?**
Problems would not be problems if there were solved easily. Everyone has areas of their life that they struggle with for a long time. *Parents should consider that they have personal issues such as weight, smoking, temper, etc. that they cannot fully resolve or control; yet they get angry and critical of their children if they seem to keep having the same problem(s).*

5) Why does Dr. Sussman often recommend group therapy instead of individual therapy for my child? Isn't 1:1 therapy better?

Individual therapy works best if the client is motivated and coming voluntarily. Most children come to therapy because adults such as parents or school personnel make them attend.

Most children do not want to go to therapy because they think it means that something is wrong with them or that they are “crazy.” The child feels the need to use defense mechanisms by denying they have a problem and by blaming others for their problems.

Therefore, children are often resistive to 1:1 therapy. Children who are made to attend individual therapy often do not utilize the sessions productively. They usually say very little or tell the therapist what the child thinks the therapist wants to hear. Frequently individual therapists wind up talking much more to the parent because the child is disinterested and not actively engaged in the process.

Groups can be much more effective than individual therapy because the child does not feel outnumbered or intimidated by being with just an adult(s). It is much more like school where they are used to learning in groups of their peers. Also, the child does not feel singled out, sees that others have the same problems, does not feel alone, and feels more accepted and normal.

Mental health professionals acknowledge that peer groups like Alcoholics Anonymous, Overeaters Anonymous, Smoke-Enders, and self-help anxiety groups are often more effective than 1:1 counseling for dealing with behavior problems.

Seeing others with similar problems helps the child to better understand, identify, and admit that they have similar issues. Everyone searches for peer acceptance. A positive therapeutically run peer group serves to provide guidance, learning, and support. This experience offsets negative peer groups who reinforce antisocial and dysfunctional behaviors.

6) What is the attendance policy?

It is understandable that emergencies and urgent matters arise from time to time that prevent attendance. On the other hand, if you often miss your session, therapy cannot be successful. It is also unfair to others who may be on a waiting list for that appointment time.

If an urgent matter arises, make up sessions are usually available on other days. If your child is going to miss a session, PLEASE notify Dr. Sussman as soon as possible so he knows not to hold up the group waiting for you.

Dr. Sussman will contact you to discuss excessive absences. A realistic goal is to miss no more than one session every two months. Missed sessions in the beginning of therapy is usually a sign that the family is not able to commit to therapy at this time. If attendance is chronically irregular your child's appointment will need to be reassigned.

7) What about phone calls or emails between visits?

Parents are encouraged to contact Dr. Sussman by his cell phone (908) 217 8106 or personal email address stevensussman75@gmail.com at no charge if crises or urgent matters arise that require immediate attention from Dr. Sussman.

8) What about copays?

Please pay your copay at the end of each visit by cash or check. Dr. Sussman has change in the office if you pay by cash. Dr. Sussman does not take credit cards.

9) What else do I need to know?

Please do not distract Dr. Sussman by talking to your child during the session. If they are not paying attention—let Dr. Sussman correct them by deducting a ½ point. This way they learn to sit still and pay attention in the session; just like in school when you are not present.

Please do not talk to other parents during the session as it causes a distraction. You can always speak to them after the session.

Please keep little ones quiet during the session or take them into the waiting room, if necessary. You can return with them when they are quieted down.

Please put cell phones on vibrate. If you must take an important call, go into the waiting room.

PLEASE call and leave a message if you are going to be late or miss a session. This way Dr. Sussman is prepared for either contingency. Dr Sussman checks voicemail much more frequently than texts.

Please remember, if you miss 2 sessions in a row or keep spotty attendance, you may lose your spot to someone who is waiting for an opening. As a courtesy, please notify Dr. Sussman if you decide to stop coming. This way Dr. Sussman can assign the opening to a child who may be on a waiting list.

DIRECTIONS: TO NEW JERSEY CHILD & TEEN SUCCESS CENTER,
615 Sherwood Parkway, Mountainside, NJ 07092 (908) 232-6432

FROM GARDEN STATE PARKWAY

Get off at Exit 135. Go around traffic circle and follow sign to Westfield. That will put you on Central Avenue. Take Central Avenue, about 1 1/4 miles, until it ends at East Broad Street in downtown Westfield. Turn right onto East Broad Street and make the quick left onto Mountain Avenue (you will see the Presbyterian Church of Westfield).

Take Mountain Avenue, exactly 1 mile, to Sherwood Parkway (West Mountain Tire And Auto is on your right hand side) in Mountainside. Turn right onto Sherwood Parkway. Go to the second driveway on the right hand side of Sherwood Parkway. Make a right turn into the parking lot. You will be in front of the Mountainside Office Mall-Westfield Executive Building. Dr. Sussman's office is upstairs on the second floor.

FROM ROUTE 22

Go to New Providence Road exit in Mountainside. NOTE: FROM ***22 EAST*** YOU WILL BE MAKING A RIGHT ONTO NEW PROVIDENCE ROAD. IF COMING FROM ***22 WEST*** YOU WILL NEED TO TAKE JUG HANDLE AND MAKE LEFT ON TO NEW PROVIDENCE ROAD. Driving on New Providence Rd. drive 0.4 mile to first traffic light (Mountain Ave.). Make right turn onto Mountain Avenue and make a left one block later onto Sherwood Parkway (West Mountain Tire & Auto is at that corner). Go to the second driveway and make a right. Into the parking lot. Dr. Sussman's office is on the second floor.

FROM MILLBURN, UNION, AND SPRINGFIELD

Take Meisel Avenue, which turns into Springfield Avenue. Go to Route 22 and continue following directions above from Route 22 West.

FROM NORTH AVENUE (ROUTE 28)

Take North Avenue to Central Avenue (site of Coldwell Banker Real Estate Office) in downtown Westfield. Take Central Avenue through downtown Westfield

To East Broad Street. Make right onto E. Broad St. and make quick left onto Mountain Avenue (you will see Presbyterian Church of Westfield).

Follow directions above listed under Garden State Parkway.

IF YOU GET LOST, CALL (908) 232-6432 OR ASK SOMEONE FOR DIRECTIONS TO THE MOUNTAINSIDE POST OFFICE. THE OFFICE IS DIAGONALLY ACROSS FROM IT.

**PLEASE USE MAPQUEST.COM FOR DIRECTIONS TO
DR. SUSSMAN'S STATEN ISLAND OFFICE**

56 SEGUINE AVE. (Near Amboy Rd)

(Between Waterbury Ave. and & Florence St.)

**SUITE 2F (Second Floor-Above Video Game Arena Store)
STATEN ISLAND, NY 10309**

Telephone 718-948-5800

***GRAY OFFICE BUILDING
DIAGONALLY ACROSS FROM
PRINCESS BAY TRAIN STATION***

**There is parking on both sides of the
parking lot located behind the building.**

There is one hour parking on Florence St.

**There is also parking in the parking lots
across the street on Seguine Ave.
However, be careful about their rules & regulations.**

**NEAREST HIGHWAY EXIT IS EXIT 2-
(HUGUENOT, FOSTER, & MAGUIRE AVES.)
KOREAN WAR VETERANS PKWY**

NEAREST ROUTE 440 EXIT IS HUGENOT AVE