

Amy Boyers, Ph.D.
Licensed Clinical Psychologist

Personal Information:

Today's Date: _____

Name: _____

SS# _____

Address (Local): _____

Telephone (H): _____ (W) _____ (C) _____

Address (Permanent): _____

_____ Telephone: _____

Email address: _____ Date of birth: _____

Occupation: _____ Yrs of education: _____

Ethnicity: _____ Religion: _____ Sex: M F

Relationship status: _____ Partner's name: _____

Please list the names, ages, and relationship (e.g. spouse, sister, son) of all people who live in your home:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
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Emergency contacts: Please list, if possible, 2 people who can be contacted in the event of an emergency. Please try to provide at least one person who lives relatively close to you. Be sure to include all available phone numbers.

Name: _____ Tel: _____

Relationship: _____

Name: _____ Tel: _____

Relationship: _____

Treatment History:

Are you currently under the care of a psychiatrist? Yes No

If yes, please provide name, address, and telephone number: _____

Are you currently taking any medications for emotional or psychological conditions? Yes No

If yes, please list all medications and for what purpose you are taking them:

Medication	Dosage	Dates taken	Reason
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Have you ever been under the care of a psychiatrist? Yes No

If yes, please provide the following information:

Name	Dates seen	Medications prescribed	Reason for treatment
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Have you ever taken any medications for emotional or psychological conditions? Yes No

If yes, please list all medications and for what purpose you took them:

Medication	Dosage	Dates taken	Reason
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Have you ever been hospitalized due to a mental health condition? Yes No

If yes, please provide the following information:

Date	Facility Name	City/State	Reason for admission
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Have you ever received psychotherapy?

If yes, please list the following information:

<u>Dates of treatment</u>	<u>Name of therapist</u>	<u>City/State</u>	<u>Reason for treatment</u>
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Have you attempted suicide? Yes No

If yes, when?

Have you ever seriously hurt someone else? Yes No

If yes, was it deliberate or accidental? _____

Does any member of your family suffer from an “emotional” or “mental” disorder? Yes No

If yes, please describe below:

Has any relative attempted or committed suicide? Yes No

If yes, please describe below:

Medical History

Overall, how would you describe your health? _____

Are you or have you been treated for a serious or recurring medical condition? Yes No

If yes, please describe below (please include dates of diagnosis and treatments if possible):

Do any members of your immediate family have significant medical problems? Yes No
If yes, please describe below.

Please list all medications you are taking, including prescription, non-prescription, or herbal.

<u>Medication</u>	<u>Date started</u>	<u>Reason for medication</u>
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Description of Presenting Problems:

State in your own words the nature of your main problems: _____

On the scale below, please estimate the severity of your problem(s):

___ Mildly upsetting ___ Moderately upsetting ___ Very Severe
___ Extremely Severe ___ Totally incapacitating

When did your problems begin? _____

What seems to worsen your problems? _____

What have you tried that has been helpful? _____

Cancellation Policy

Unlike medical practices, psychologists only schedule one client per hour. If you tend to have a hectic or unpredictable schedule, please discuss this with Dr. Boyers in advance, especially if you believe that it may be difficult for you to make a particular appointment. As stated in the informed consent form, there is a 48-hour cancellation policy. In order to avoid confusion, this policy is detailed below:

Any appointment missed, cancelled, or rescheduled with less than 48-hours notice will be charged at the full fee (for a full description of my fees, please see page 2 of the Informed Consent Form). In the unlikely event that Dr. Boyers is able to fill your time slot, you will not be charged. Therefore, it is best to call as soon as you know you will not be able to come to your appointment.

On the day of your appointment you may change the time of your appointment for the same day without charge if and only if, there is another available appointment. Otherwise, you will be charged for the session if you cannot make it that day at the original time.

Even when an appointment is only made with less than 48-hours notice, the patient is responsible for payment upon cancellation as described above.

Insurance companies will not pay for missed sessions. If you miss a session or cancel with less than 48-hours notice, you will be charged the full fee (not just your co-payment). In addition, these missed or cancelled sessions will not be billed to your insurance company.

Dr. Boyers may use her discretion to waive the cancellation policy if she determines that the missed appointment was due to an unavoidable emergency. Work-related conflicts, other appointments, changes in travel arrangements, or forgotten appointments do not constitute unavoidable emergencies.

I, _____, have read, understood, and do Agree to the Cancellation Terms Described Above.

Signature

Date