

New Client Intake Form – Please fill out this form and bring it to your first session.

Today's Date: _____ Referred by _____

Name: _____ Date of Birth: ___ / ___ / ___

Add'l Names (Relationship Therapy): _____ Date of Birth: ___ / ___ / ___

Your Physical Address: _____ City: _____ Zip Code: _____

Mailing Address (if different): _____

Home phone: () _____ May I leave messages on home phone: Yes No

Work phone: () _____ May I leave messages on home phone: Yes No

Cell phone: () _____ May I leave messages on home phone: Yes No

Responsible Party/Guardian (if different) _____ Date of Birth (of resp. party): ___ / ___ / ___

In case of emergency who may I contact on your behalf: Name _____

Phone Number _____ Relationship _____

Treatment of Minor Child:

Parent or Legal Guardian Name _____ Grade _____

School _____ Teacher _____

INSURANCE INFORMATION (If applicable) This is a cash pay practice. If you request it, I will prepare a monthly insurance claim form for you to submit to your insurance company. Please **request a claim form when you want one.**

Please note that I am NOT a Medicare Medical provider. If you are Medicare/Medical eligible or become Medicare/Medical eligible during your treatment, your initial here acknowledges that you understand that I will not prepare insurance forms for you to submit to Medicare, nor will I bill Medicare on your behalf. _____

Insurance Information: Primary Insurance: _____ Phone #: () _____

IF EAP – EAP Authorization Number: _____

Name of Policy Holder: _____ Date of Birth: ___ / ___ / ___

Relationship to patient: _____ Subscriber ID # or Social Security # _____

Group #: _____ Employer of Subscriber: _____

Victims of Crime Claim# (required) _____ Name of Victim: _____

Relationship to Victim: _____ Name of Victim Advocate: _____

Do you have private insurance? _____ If so, you must provide the insurance information in section above

Insurance Certification and Assignment: I hereby certify that the information given by me in applying for payment under the title XIX of the Social Security Act, by insurers, or by any other third party is correct. I understand that I am responsible for payment of any health insurance deductible(s), co-insurance, or any other charges incurred which are not paid by any insurance or third party payers.

Release of Information: I hereby authorize my psychotherapist, physician, hospital, pharmacy, insurance company, employer or organization responsible for payment of this claim or to any physician or health service provider who will render care to the patient after discharge.

✓ I understand that all the charges incurred are my responsibility, regardless of insurance coverage or third party agency. For collection I agree to pay all reasonable court costs and collection fees. I understand that all judgments in a court of law may bear interest at the legal rate.

REQUIRED SIGNATURE

Patient/Guardian Signature: _____ Date: _____

Patient/Guardian Signature: _____ Date: _____

Biographical Information

Are you - Married Divorced Widowed Live with someone _____

Occupation: _____ Religious/Spiritual preference: _____

Physician: _____ Date of last visit to Physician: _____

Relevant medical conditions: (history, current condition, changes in condition) _____

Please List Medications, Prescribing Doctor and Dosage: _____

History of counseling, psychiatric hospitalizations, alcohol or other drug problems: _____

Children or others living in the home: _____

Your primary reason for being here: _____

How long has this been a concern? _____

What have you tried so far? _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Always tired | <input type="checkbox"/> Feeling sad | <input type="checkbox"/> Self inflicted wounding |
| <input type="checkbox"/> Always worried | <input type="checkbox"/> Feeling worthless | <input type="checkbox"/> Separation problems |
| <input type="checkbox"/> Ambition problems | <input type="checkbox"/> Financial problems | <input type="checkbox"/> Sexual problems |
| <input type="checkbox"/> Anger/Temper | <input type="checkbox"/> Headaches | <input type="checkbox"/> Shyness |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Health problems | <input type="checkbox"/> Stomach problems |
| <input type="checkbox"/> Being a parent | <input type="checkbox"/> Inferiority feelings | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Bereavement/Grief | <input type="checkbox"/> Insomnia/Sleep problems | <input type="checkbox"/> Strong dislike of criticism |
| <input type="checkbox"/> Career choices | <input type="checkbox"/> Legal matters | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Change in appetite | <input type="checkbox"/> Marriage problems | <input type="checkbox"/> Test anxiety |
| <input type="checkbox"/> Children problems | <input type="checkbox"/> Memory problems | <input type="checkbox"/> Trauma history |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Tremors or Tics |
| <input type="checkbox"/> Difficulty with friends | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Trouble concentrating |
| <input type="checkbox"/> Disturbing thoughts | <input type="checkbox"/> Panicky feelings | <input type="checkbox"/> Unable to get interested |
| <input type="checkbox"/> Divorce problems | <input type="checkbox"/> Performance Fear | <input type="checkbox"/> Unable to make decisions |
| <input type="checkbox"/> Drug or alcohol use | <input type="checkbox"/> Phobias | <input type="checkbox"/> Unhappiness |
| <input type="checkbox"/> Family conflict | <input type="checkbox"/> Previous suicide attempts | <input type="checkbox"/> Unusual thoughts |
| <input type="checkbox"/> Fear of things I shouldn't | <input type="checkbox"/> Public Speaking Phobia | <input type="checkbox"/> Weight change |
| <input type="checkbox"/> Feel like crying | <input type="checkbox"/> Relaxation problems | <input type="checkbox"/> Work problems |
| <input type="checkbox"/> Feeling lonely | <input type="checkbox"/> Self control problems | |

Did an attorney or court officer recommend that you seek counseling? _____

Psychotherapy Services Agreement

Fees:

- Therapy sessions are \$150.00 per 45-50 minute session and \$300.00 for a 90-100 minute session.
- Intensive therapy sessions Friday – Sunday for Early Childhood Trauma Clearing and Trauma Desensitization require prepayment per agreement with Mary at her normal rate of \$150.00 per 45-50 minute session. Intensives are usually six sessions a day with agreed breaks.
- I operate a fee for service, immediate pay business. I no longer bill directly to most insurance companies. You may request a dedicated receipt or super bill that you can turn into your insurance company or flex account for possible reimbursement.
- My contract is with you not with your insurance company. I am not responsible for the reimbursement rates of your insurance company or flex account or how your insurance company will handle your claim.
- I will bill directly for Victims of Crime/Victim Witness, Veterans Administration and Workers Compensation Cases per contract.
- If a written report is necessary a preparation fee will be prorated at \$150.00 per 50 min.
- If billing is arranged under special circumstances, payment will be expected within ten days of receipt of the statement. A \$10.00 re-billing charge will be added monthly to any account with an overdue balance (older than 20 days). If arrangements have been made to bill a third party, such as your insurance company or State Disability, sessions will be charged at the rate of \$150.00 per 45 – 50 minute session.
- Court testimony requires a subpoena and advanced payment of fees. Fees for testimony are charged at \$900.00 for each half-day. An additional charge for travel time outside Sacramento County for testimony is based at the hourly rate of \$200.00 plus transportation and travel costs.
- Telephone Calls: There is no charge for brief telephone calls such as to set or change appointments and occasional crisis. Telephone counseling calls will be charged at the session rate of \$150.00 per 45-50 minutes and \$300.00 for a 90-100 minute session.
- Payment is expected by cash, check, Master Card, Visa, American Express at the beginning of each session.
- Please make checks payable to Mary Reigel, MFT.

_____ *Please Initial that you understand the payment policies.*

Appointment Cancellations:

- For single sessions, canceling within **24 hours** notice will avoid being charged in full.
- For double sessions, canceling within **48 hours** notice will avoid being charged in full.
- Intensives will require a deposit that is not refundable if cancelled within seven days or per arrangement.
- **If you need to cancel or reschedule monday appointments please cancel by friday.**
- Frequent cancellations, even with proper notice, may disrupt your care and my schedule, and should be avoided.
- If you are unable to come in for your appointment, it may be possible to have the session by phone.

Check your calendar and appointment schedules carefully.

I will hold you to the above cancellation policies.

_____ *Please Initial that you are aware of the Cancellation Policy*

Confidentiality:

All information shared in our therapy sessions will be kept confidential except when referred for non-confidential therapy (an example would be if you were referred for mediation or evaluation by an attorney) or in the event of such mandated reports as suspected child abuse, danger to self or others, elder abuse and other issues mandated by law (please read the Notice of Privacy Laws on my website or ask for a copy).

E - Mails, Cell Phones, Computers and Faxes:

- It is very important to be aware that computers, e-mail and cell phone communication can be relatively easily accessed by unauthorized people and, hence, can compromise the privacy and confidentiality of such communication.
- E-mails in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Though faxes to my office are confidential they can be sent erroneously to a wrong number.
- Please be aware of these issues when you use cell phones, send email or fax my office.

Arrival at the Office:

- I will usually be in a session when you arrive at the office. There is a row of light switches on the left wall as you walk in. The first light switch has my name on it. Please switch that light switch on, as it will let me know you have arrived. Have a seat in the waiting room, and I will be with you soon.
- If you have a child with you please do the best you can to keep the child quiet as there maybe several therapy sessions going on in the building. Please arrange for childcare for young children.
- I tend to be punctual and keep to my schedule. So unless I have an emergency, I will start our appointment on time and end it on time, even if you arrive late.
- In the rare case I am running late, I will usually poke my head into the waiting room within five minutes after our appointment time and let you know how many minutes I will be. Please be assured I do not take long waits for my clients casually – your time is as important as mine.
- If you cannot print out the forms you need to fill out before our first appointment, be sure to arrive 10 minutes early to allow time for the paperwork. Do call me if you need paperwork as I will need to leave a New Client clipboard out for you in the waiting room.
- If the office is locked when you arrive, it probably means that I will be right back or you are my first appointment and I will arrive soon.
- If there is a mix up in appointment time or an emergency and I was unable to contact you, please leave a message on my voice mail and I will call you as soon as I am able.

Emergency Procedures:

- If you need to contact me due to an emergency please listen to my outgoing voice mail message and leave a message on my office phone (916) 366-8026. I check my phone often during the workday, less often on weekends or holidays. Part of my voice mail message will instruct you what to do if I am not available.
- On weekends and holidays you may be able to reach me faster by email – mary@maryreigel.com.
- **If you cannot wait until I return your call, call Sacramento County’s 24-hour crisis line at (916) 368-3111 to talk about your concern. If you are having a life-threatening emergency dial 911 or go to the nearest emergency room.**

I have read the above and will abide by the terms described above.

 Signature Date

For clients asking that insurance forms be prepared: I have received (or been offered and declined) a copy of the HIPAA required forms “Psychotherapy Services Agreement” (included above) and “Notice” (on website) that provide further information to augment this form.

 Signature Date