

Patient Information

Date \_\_\_\_\_ Name \_\_\_\_\_ Gender \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_ SSN \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Marital Status \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Alternate Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_  
Referred by \_\_\_\_\_

Insurance Information

Primary Insurance Carrier \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Patient's Relationship to Insured \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Secondary Insurance Carrier \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Patient's Relationship to Insured \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_





## Consent for Treatment

I hereby give consent to be provided counseling, psychotherapy, and/or psychological services from the Applied Psychology Group of Texoma, its employees, and its associates.

I understand that services are provided on a confidential basis and records are disclosed only when properly authorized.

I understand that all fees are due at the time of service unless prior arrangements have been made, and that I will be charged for appointments missed without notice having been given within 24 hours of my appointment.

I have also received a copy of the Patient's Rights and Responsibilities and do not have any questions about them.

I give consent for the Applied Psychology Group of Texoma to video- or audio-record any session for training purposes.

I have the authority to voluntarily agree to participate in behavioral health services provided in association with the Applied Psychology Group of Texoma.

I acknowledge that I have received a copy of the Applied Psychology Group of Texoma HIPAA Disclosure form.

I hereby give consent to the Applied Psychology Group of Texoma to utilize any of my psychological test data in archival research. Archival research is the study of past psychological test scores from your records to investigate scientific questions that arise in the future.

I understand that my identity will remain confidential. I understand that this data will be collected and stored without my name being identified and without any personal information from which I might be identified.

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Print Name of Patient or Guardian

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Date

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Signature of Patient or Guardian

## Financial Policy

We are pleased to welcome you to the Applied Psychology Group of Texoma. Our desire is to provide you with the highest-quality mental health care. **It is our policy to make definite financial arrangements with you before any treatment starts.** Below is an explanation of our payment procedures. If you have any questions, please do not hesitate to ask.

1. Payment for services is due at time services are rendered. We accept cash, checks, and credit cards (VISA and MasterCard)
2. As a courtesy, we will file claims with your insurance for you and accept assignment of benefits. Some insurance companies will not accept assignment of benefits to our out of network providers. In this case, you are responsible for payment in full at time of services. We will still file the insurance for you upon request, and your insurance will send payment to you.
3. Our office will file your insurance claims a maximum of two times per appointment.
4. If the claim is not paid by your insurance carrier within sixty days, you will be responsible for the full balance, and further insurance appeal becomes your responsibility. We will be happy to provide you with a claim form so that you can follow up on your insurance claims personally.
5. You must provide the office with your insurance information prior to your appointment so the information can be verified. If at the time of the appointment you provide new insurance information, you will be responsible for payment of all fees. We will verify the insurance and file it for you in a timely manner, and your insurance company will pay you.
6. If insurance benefits are assigned to the provider, you will be responsible for paying your deductible and co-payments at the time of service. You are responsible for paying all charges not covered by your insurance company, including all fees considered above your insurance company's usual and customary fee schedule.
7. The office cannot carry balances longer than 90 days, regardless if the insurance payment is still pending.
8. We send monthly statements to notify you of any balance. If the account remains unpaid after 90 days, this office will be required to employ a collection service to collect payment. The responsible party agrees to pay all reasonable and related collection fees.
9. There will be a \$40.00 service charge on all returned checks. If the returned check is not paid within 10 days, it will be sent to the Grayson County District Attorney's office.
10. The parent or guardian who brings the child for their initial visit is responsible for payment independent of what a divorce decree may state. Reimbursement must be made between the divorced parents. We will not intervene.

### AUTHORIZATION

I have read and accept the above Financial Policy. I understand and agree to the terms set forth regarding payment.

\_\_\_\_\_  
Signature of Parent or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number of Responsible Party

\_\_\_\_\_  
Birthdate

## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

State and Federal laws require us to maintain the privacy of your health information and to inform you about our privacy practices by providing you with this Notice. We must follow the privacy practices as described below. This Notice will take effect on 1/21/10 and will remain in effect until it is amended or replaced by us.

It is our right to change our privacy practices provided the law permits the changes. Before we make a significant change, this Notice will be amended to reflect the changes and we will make the new Notice available upon request. We reserve the right to make any changes in our privacy practices and the new terms of our Notice effective for all health information maintained, created and/or received by us before the date changes were made.

You may request a copy of our Privacy Notice at any time by contacting our office.

### TYPICAL USES AND DISCLOSURES OF HEALTH INFORMATION

We will keep your health information confidential, using it only for the following purposes:

**Treatment:** We may use your health information to provide you with our professional services. We have established “minimum necessary” or “need to know” standards that limit various staff members’ access to your health information according to their primary job functions. Everyone on our staff is required to sign a confidentiality statement.

**Disclosure:** We may disclose and/or share your healthcare information with other healthcare professionals who provide treatment and/or service to you. These professionals will have a privacy and confidentiality policy like this one. Health information about you may also be disclosed to your family, friends and/or other persons you choose to involve in your care, only if you agree that we may do so.

**Payment:** We may use and disclose your health information to seek payment for services we provide to you. This disclosure involves our business office staff and may include insurance organizations or other businesses that may become involved in the process of mailing statements and/or collecting unpaid balances.

**Emergencies:** We may use or disclose your health information to notify or assist in the notification of a family member or anyone responsible for your care in case of any emergency involving your care, your location, your general condition or death. If at all possible, we will provide you with an opportunity to object to this use or disclosure. Under emergency conditions or if you are incapacitated we will use our professional judgment to disclose only that information directly relevant to your care.

### HIPAA Notice of Privacy Practices

This form does not constitute legal advice and covers only federal, not state, law.

**Healthcare Operations:** We will use and disclose your health information to keep our practice operable. Examples of personnel who may have access to this information include, but are not limited to, our medical records, staff, outside health or management reviewers, and individuals performing similar activities.

**Required By Law:** We may use or disclose your health information when we are required to do so by law. (Court or administrative orders, subpoena, discovery request or other lawful process.) We will use and disclose your information when requested by national security, intelligence and other state and Federal officials and/or if you are an inmate or otherwise under the custody of law enforcement.

**Abuse or Neglect:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. This information will be disclosed only to the extent necessary to prevent a serious threat to your health or safety or that of others.

**Public Health Responsibilities:** We will disclose your health care information to report problems with products, reactions to medications, product recalls, disease/infection exposure, and to prevent and control disease, injury and/or disability.

**Marketing Health-Related Services:** We will not use your health information for marketing purposes unless we have your written authority to do so.

**National Security:** The health information of Armed Forces personnel may be disclosed to military authorities under certain circumstances. If the information is required for lawful intelligence, counterintelligence, or other national security activities, we may disclose it to authorized federal officials.

**Appointment Reminders:** We may use or disclose your health information to provide you with appointment reminders, including, but not limited to, voicemail messages, postcards, or letters.

#### YOUR PRIVACY RIGHTS AS OUR PATIENT

**Access:** Upon written request, you have the right to inspect and get copies of your health information (and that of an individual for whom you are a legal guardian.) There will be some limited exceptions. If you wish to examine your health information, you will need to complete and submit an appropriate request form. Contact our office for a copy of the request form. You may also request access by sending us a letter to the address at the end of this Notice. Once approved, an appointment can be made to review your records. Copies, if requested, will be \$1 per page. If you prefer a summary or an explanation of your health information, we will provide it for a fee. Please contact our office for a fee and/or for an explanation of our fee structure.

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**Amendment:** You have the right to amend your healthcare information if you feel that it is inaccurate or incomplete. Your request must be in writing and must include an explanation of why the information should be amended. Under certain circumstances, your request may be denied.

**Non-routine Disclosures:** You have the right to receive a list of non-routine disclosures we have made of your health information. (This list would not include occasions in which we make a routine disclosure of your information to a professional for treatment and/or payment purposes.) You have the right to a list of instances in which we, or our business associates, disclosed information for reasons other than treatment, payment, or healthcare operations.

**Restrictions:** You have the right to request that we place additional restrictions on our use of disclosure of your health information (except in emergencies). Please contact our office if you want to further restrict access to your health care information. This request must be submitted in writing.

#### QUESTIONS AND COMPLAINTS

You have the right to file a complaint with us if you feel we have not complied with our Privacy Policies. Your complaint should be directed to our office. If you feel we may have violated your privacy rights, or if you disagree with a decision we made regarding your access to your health information, you can complain to us. In writing, request a complaint form from our office. We support your rights to the privacy of your information and will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

#### HOW TO CONTACT US

Practice Name: Applied Psychology Group of Texoma  
Phone: (903) 893-0298  
Fax: (903) 892-6323  
Address: PO Box 1154  
Sherman, TX 75091

#### HIPAA Notice of Privacy Practices

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Demographic Information

Date \_\_\_\_\_ Name \_\_\_\_\_ Gender \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Referred by \_\_\_\_\_

Social Information

Please list all persons with whom you are currently living:

| Name | Age | Relation |
|------|-----|----------|
|------|-----|----------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please list any children to whom you are a parent figure who **do not** live with you:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

What is the basis of your disability claim? Why are you disabled?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Did you attend college or technical school?

No Yes If YES:

Years

Institution

Area of Study

Degree

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What other training have you obtained or have planned (e.g., certifications, licenses)?

**Legal History**

Have you ever been arrested?

No Yes

If YES, list all charges below:

| <u>Date</u> | <u>Charge</u> | <u>Disposition</u><br>( <u>dropped, convicted, not guilty</u> ) | <u>Sentence</u> | <u>Length of</u><br><u>Probation/Parole</u> |
|-------------|---------------|---|-----------------|---|
|-------------|---------------|---|-----------------|---|

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Are you currently on probation or parole?

No Yes

If so, which:

Probation

Parole

Name of probation/parole officer \_\_\_\_\_ Until when \_\_\_\_\_

Have you ever been involved with a lawsuit (other than divorce proceedings)?

No Yes

If YES, please explain \_\_\_\_\_

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**Marital/Relationship History**

What is your current marital status?

Single

Married

Common Law Married

(*please circle*)

Engaged

Cohabiting

Divorced

Widowed

Overall: # marriages \_\_\_\_\_ # divorces \_\_\_\_\_ # cohabitations \_\_\_\_\_

What is your sexual preference:

Heterosexual

Homosexual

Bisexual

Prefer not to disclose

Current relationship:

Name

Date Began

Children produced (# of children and names)

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List all *past* significant relationships: (marriages, cohabitations, long-term boy/girlfriends)

Name      Age Began      Length of Relationship      Why did it end?      Children Produced

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Have you ever been the victim or perpetrator of spouse abuse?      **No**      **Victim**      **Perpetrator**

If YES, please describe:

### Military History

Did you serve in the military?      **No**      **Yes**      If YES, were you active duty?      **No**      **Yes**

If YES on either, which branch?      Army      Navy      Air Force      Marines      Coast Guard  
Reserves      National Guard

Discharge Status:      Honorable      General      Dishonorable      Medical  
Other Than Honorable      Other \_\_\_\_\_

Dates of Service \_\_\_\_\_      Discharge Rank \_\_\_\_\_

Training Received \_\_\_\_\_

### Religious/Spiritual History

Describe your religious/spiritual experience growing up:

Do you currently attend church / synagogue / temple / mosque?      **No**      **Yes**

Where?

How often?

## Childhood History

Where were you born (*City, State*)?

Where were you raised (*City, State*)?

Place

Age began

Age left

Parent figures present

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Please list all parent figures in your life:

Name

Relation

Current age or (age at death)

Education

Occupation

1. \_\_\_\_\_ ( ) \_\_\_\_\_
2. \_\_\_\_\_ ( ) \_\_\_\_\_
3. \_\_\_\_\_ ( ) \_\_\_\_\_
4. \_\_\_\_\_ ( ) \_\_\_\_\_
5. \_\_\_\_\_ ( ) \_\_\_\_\_
6. \_\_\_\_\_ ( ) \_\_\_\_\_

Please list your siblings (brothers, sisters, stepsiblings, etc.)

Name

Relation

Current age or (age at death)

Education

Occupation

1. \_\_\_\_\_ ( ) \_\_\_\_\_
2. \_\_\_\_\_ ( ) \_\_\_\_\_
3. \_\_\_\_\_ ( ) \_\_\_\_\_
4. \_\_\_\_\_ ( ) \_\_\_\_\_
5. \_\_\_\_\_ ( ) \_\_\_\_\_
6. \_\_\_\_\_ ( ) \_\_\_\_\_



**Siblings:**

What were your brothers and/or sisters like? How did they treat you?

Circle all that apply regarding your relationships with siblings

- |           |             |
|-----------|-------------|
| Pleasant  | Troublesome |
| Loving    | Hostile     |
| Fun       | Conflicted  |
| Close     | Distant     |
| Important | Abusive     |

**Friends:**

Describe your experience with friends:

Circle all that apply regarding your friendships:

- |                 |                         |
|-----------------|-------------------------|
| Many            | Few                     |
| Close           | More like acquaintances |
| Supportive      | Distant                 |
| Steady          | Ever-changing           |
| Good influences | Bad influences          |
| Good behavior   | Troublemakers           |
| Long-lasting    | Short-lived             |

**Parent Figures:**

I was primarily raised by the following people / parent figures:

|             |  |
|-------------|--|
| <u>Name</u> | <u>Relation</u> ( <i>mother, father, stepparent, grandparent, etc.</i> ) |
|-------------|--|

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Parent Figure #1:** Name \_\_\_\_\_

What was your parent figure listed in #1 like? How did s/he treat you?

How would you or others describe the personality of this person? Circle as many words as are applicable and add any other description below:

|                |                |               |               |
|----------------|----------------|---------------|---------------|
| Outgoing       | Quiet          | Organized     | Disorganized  |
| Friendly       | Distant        | Involved      | Uninvolved    |
| Loving         | Stern          | Spontaneous   | Structured    |
| Nice           | Mean           | Religious     | Unspiritual   |
| Easygoing      | Demanding      | Hard-working  | Lazy          |
| Playful        | Serious        | Listened well | Cold          |
| Always present | Seldom present | A bad parent  | A good parent |

Other: \_\_\_\_\_

What was the most positive thing about your relationship with parent #1?

What was the most negative thing about your relationship with parent #1?

**Parent Figure #2:** Name \_\_\_\_\_

What was your parent figure listed in #2 like? How did s/he treat you?

How would you or others describe the personality of this person? Circle as many words as are applicable and add any other description below:

|                |                |               |               |
|----------------|----------------|---------------|---------------|
| Outgoing       | Quiet          | Organized     | Disorganized  |
| Friendly       | Distant        | Involved      | Uninvolved    |
| Loving         | Stern          | Spontaneous   | Structured    |
| Nice           | Mean           | Religious     | Unspiritual   |
| Easygoing      | Demanding      | Hard-working  | Lazy          |
| Playful        | Serious        | Listened well | Cold          |
| Always present | Seldom present | A bad parent  | A good parent |

Other: \_\_\_\_\_

What was the most positive thing about your relationship with parent #2?

What was the most negative thing about your relationship with parent #2?

**Parent Figure #3:** Name \_\_\_\_\_

What was your parent figure listed in #3 like? How did s/he treat you?

How would you or others describe the personality of this person? Circle as many words as are applicable and add any other description below:

|                |                |               |               |
|----------------|----------------|---------------|---------------|
| Outgoing       | Quiet          | Organized     | Disorganized  |
| Friendly       | Distant        | Involved      | Uninvolved    |
| Loving         | Stern          | Spontaneous   | Structured    |
| Nice           | Mean           | Religious     | Unspiritual   |
| Easygoing      | Demanding      | Hard-working  | Lazy          |
| Playful        | Serious        | Listened well | Cold          |
| Always present | Seldom present | A bad parent  | A good parent |

Other: \_\_\_\_\_

What was the most positive thing about your relationship with parent #3?

What was the most negative thing about your relationship with parent #3?

**Parent Figure #4:** Name \_\_\_\_\_

What was your parent figure listed in #4 like? How did s/he treat you?

How would you or others describe the personality of this person? Circle as many words as are applicable and add any other description below:

|                |                |               |               |
|----------------|----------------|---------------|---------------|
| Outgoing       | Quiet          | Organized     | Disorganized  |
| Friendly       | Distant        | Involved      | Uninvolved    |
| Loving         | Stern          | Spontaneous   | Structured    |
| Nice           | Mean           | Religious     | Unspiritual   |
| Easygoing      | Demanding      | Hard-working  | Lazy          |
| Playful        | Serious        | Listened well | Cold          |
| Always present | Seldom present | A bad parent  | A good parent |

Other: \_\_\_\_\_

What was the most positive thing about your relationship with parent #4?

What was the most negative thing about your relationship with parent #4?

## Medical History

### Current Medical Conditions:

Please list all of your *current* illnesses:

Please list all of your *current* physicians:

| <u>Name</u> | <u>Location (city)</u> | <u>Specialty (e.g., neurologist)</u> |
|-------------|------------------------|--------------------------------------|
| _____       | _____                  | _____                                |
| _____       | _____                  | _____                                |
| _____       | _____                  | _____                                |
| _____       | _____                  | _____                                |

Please list all of your *current* medications (or attach list):

| <u>Medication Name</u> | <u>Dosage</u> | <u>Date Began</u> |
|------------------------|---------------|-------------------|
| _____                  | _____         | _____             |
| _____                  | _____         | _____             |
| _____                  | _____         | _____             |
| _____                  | _____         | _____             |
| _____                  | _____         | _____             |

Please list all of your *current* psychiatrists, psychologists, and counselors:

| <u>Name</u> | <u>Location (city)</u> | <u>Specialty (e.g., counselor)</u> |
|-------------|------------------------|------------------------------------|
| _____       | _____                  | _____                              |
| _____       | _____                  | _____                              |
| _____       | _____                  | _____                              |
| _____       | _____                  | _____                              |

Please list all of your *current* psychiatric diagnoses or problems:

**Past Medical History:**

Were there any problems with your pregnancy or birth?    **No**    **Yes**  
If YES, please describe:

Please list all of your *past* serious illnesses:

Please list all of your *past* surgeries:

Please list all of your *past* psychiatric treatment:

| <u>Date</u> | <u>Name of Provider</u> | <u>Length of Treatment</u> | <u>Problems Addressed</u> |
|-------------|-------------------------|----------------------------|---------------------------|
| _____       | _____                   | _____                      | _____                     |
| _____       | _____                   | _____                      | _____                     |
| _____       | _____                   | _____                      | _____                     |
| _____       | _____                   | _____                      | _____                     |

Have you ever experienced an episode of serious depression?    **Yes**    **No**  
If YES: Age first began \_\_\_\_\_ How often? \_\_\_\_\_ times total / \_\_\_\_\_ per week / month / year

Have you ever experienced an episode of serious anxiety?    **Yes**    **No**  
If YES: Age first began \_\_\_\_\_ How often? \_\_\_\_\_ times total / \_\_\_\_\_ per week / month / year

Have you ever experienced an episode of panic attacks?    **Yes**    **No**  
If YES: Age first began \_\_\_\_\_ How often? \_\_\_\_\_ times total / \_\_\_\_\_ per week / month / year

## Substance Abuse History

Do you *currently* drink **alcohol**? **No** **Yes**

Age you began drinking \_\_\_\_\_

Describe *current* alcohol use (*circle one or more*):

Occasionally    Socially    Regularly    Daily    Binge Drinking    Alcoholism

Did you drink **alcohol** in the *past*? **No** **Yes**

Age you stopped drinking, if applicable: \_\_\_\_\_

Describe *past* alcohol use (*circle one or more*):

Occasionally    Socially    Regularly    Daily    Binge Drinking    Alcoholism

Do you *currently* use **cigarettes** / tobacco products?

**No** **Yes**

Age you began \_\_\_\_\_

*Current* use: \_\_\_\_\_ packs / cigarettes per day

*Current* use of other tobacco products: \_\_\_\_\_

Have you used **cigarettes** / tobacco products in the *past*?

**No** **Yes**

Age you quit \_\_\_\_\_

*Past* use: \_\_\_\_\_ packs / cigarettes per day

*Past* use of other tobacco products: \_\_\_\_\_

Do you *currently* use non-prescribed or illicit **drugs**?

**No** **Yes**

Age you began \_\_\_\_\_

If YES, what drugs? \_\_\_\_\_

Most often used drug(s) \_\_\_\_\_

Most preferred drug(s) \_\_\_\_\_

Describe *current* drug use (*circle one or more*):

Occasionally    Socially    Regularly    Daily    Binge Use    Addiction

Have you used non-prescribed or illicit **drugs** in the *past*?

**No** **Yes**

Age you quit \_\_\_\_\_

List types of drugs used \_\_\_\_\_

Most often used drug(s) \_\_\_\_\_

Most preferred drug(s) \_\_\_\_\_

Describe *past* drug use (*circle one or more*):

Occasionally    Socially    Regularly    Daily    Binge Use    Addiction

## Current Stressors

Please list any/all circumstances or situations that add stress to your current life:

## Typical Day

Please describe your typical day. Include your usual activities, chores, and/or responsibilities:

## Other Information

Please list any:

Hobbies or interests:

Special awards/accomplishments:

Certifications:

Any other information you see as important: