

Registration Form

1) Date:		
2) Last name:	First name:	MI:
3) <u>Home Address</u> number and street: city, state, ZIP:		
4) work phone:	May confidential messages be left at this number? Y N	
5) home phone:	May confidential messages be left at this number? Y N	
6) mobile phone:	May confidential messages be left at this number? Y N	
7) email address:		
8) Date of birth:		
9) Emergency contact name: Address and telephone number: (please provide day and evening numbers if applicable)		
10) Primary care physician (or practitioner): Address and telephone number:		
11) Therapist (if applicable): Address and telephone number:		

OPTIONAL SECTION:

My signature below consents to release of information by Andrew Middleditch, M.D. to the above named primary care physician and therapist until the end of my treatment with Andrew Middleditch, M.D., for the purposes of evaluation and treatment only. I understand that I may withdraw this consent at any time by written request.

Signature: X _____ Date: _____

Andrew Middleditch, M.D.
3059 Fillmore Street
San Francisco, CA 94123

Please Read Carefully* Terms and Conditions of Service *Please Read Carefully

Fees. You are fully and personally responsible for payment of doctor's charges. Please pay at the time of visit. While I will assist you in obtaining insurance company reimbursement, I do not bill insurance companies directly, nor will I negotiate a settlement on disputed charges. Services rendered by phone/email and document preparation may be billed on pro-rated basis at my discretion. Delinquent accounts are referred to a collections agency. You are responsible for any excess fees or costs associated with collections.

Current Fees: 50 min visit \$395. 25 minute visit \$285.

Cancellation Policy. If you do not show for an appointment or cancel for any reason with less than **48 hours** notice, you are still responsible for the full fee. I appreciate receiving as much notice as possible.

Contact Information. Please notify me promptly of any changes in phone number, email, or address. Any failure to do so could prevent timely communication and jeopardize your care.

Limits of Confidentiality. Your medical records are released only with your specific written consent except for some situations in which I am expected or required by law to disclose patient information to outside agencies or third parties. These situations include suspected elder or child abuse/neglect, serious threats to injure a person or property, certain contagious diseases, and certain disorders that impair your ability to drive (for example, diagnoses of Alzheimer's Disease/related conditions and disorders characterized by lapses of consciousness).

Vacation coverage. If I am unavailable, I will arrange for another psychiatrist to cover my practice. The contact information for the covering psychiatrist will be on my outgoing voicemail.

Emergency Procedures. In general, you should contact me with questions arising about your treatment or condition. I check my voicemail/email daily and return most messages within 24 hours. **I do not carry a pager.** If your concern is urgent, please leave a voicemail and then text message me as well. If you have an emergency situation and cannot wait to get in touch with me, you should call 911 or go to the nearest emergency room. If you feel at risk for a potential emergency, please discuss plans to handle it with me in advance.

You may have a copy of this document for your records. Your signature below indicates that you have read, understand, and agree to the above:

Signature: _____

Date: _____

Andrew Middleditch, M.D.

3059 Fillmore Street • San Francisco, CA 94123 Phone
(415) 440-4118 • Fax (415)440-4108

Credit Card Authorization Form (Required for all new patients)

Instructions: Please fill out the form completely. Do not omit any fields.

I hereby authorize Andrew Middleditch, M.D. to keep my signature on file and to charge my credit card account for all psychiatric services, missed appointments, and late cancellation fees *that are past due*. (Payment is due at the time of the service).

I agree to allow Andrew Middleditch, M.D. to charge the credit card listed below for the appointment or service.

I understand that if I decide to terminate treatment and my account balance is paid in full, I may revoke this authorization by providing a written request to Andrew Middleditch, M.D.

Signature _____ **Date** _____

Patient Name:

_____ Card
Holder's Name (as it appears on the card):

Credit Card Type: Visa _____ MasterCard _____ AMEX _____ Discover _____

Credit Card# _____

Expiration Date: _____

Security Code (3 or 4 digits): _____

Credit Card Billing Address (the address to which the credit card bill is mailed):

Street Address: _____

City, State: _____

Zip Code: _____

Andrew Middleditch, M.D.

3059 Fillmore Street • San Francisco, CA 94123

Phone (415) 440-4118 • Fax (415)440-4108

EMAIL Consent Form

If you wish to communicate by email with Dr. Middleditch, please read and sign:

Email is a convenient way for patients to communicate with healthcare providers. But remember, email is not a substitute for a face-to-face encounter with a physician.

Dr. Middleditch asks that you limit your email communication to ask routine, non-urgent medical questions; to schedule an appointment; or to report a mild reaction to treatment.

Some of the risks of using email include:

- You cannot tell for certain when your message will be read, or even if the recipient is in the office.
- Email can be intercepted, altered, forwarded or used without authorization or detection. In addition, email can be misaddressed and sent to unintended recipients.
- Backup copies of email may exist even after the sender or recipient has deleted his or her copy. □

Email is easier to falsify than handwritten or signed documents.

Nonetheless, email can afford a benefit to patient care. Please note the following guidelines regarding email:

- **Email is never appropriate for urgent or emergency problems!**
- **Email is not a substitute for meeting with Dr. Middleditch.**
- **Dr. Middleditch, at his discretion, may bill for time spent on email.**
- Consider another form of communication for sensitive information. Email is not necessarily confidential. Your employer may have a legal right to read your email if he or she chooses. System operators for most email systems have access to all of the email that goes through that system.
- If you do not receive a reply within a reasonable amount of time, it is your responsibility to follow up by another means.

CONSENT

I wish to allow email communication between Dr. Andrew Middleditch and myself.

I understand and accept the risks of using email for communicating my protected health information. Dr. Middleditch cannot guarantee the security and confidentiality of email communication and will not be liable for improper disclosure of confidential information that is not caused by intentional misconduct. I understand and agree that printed email messages may become part of my medical record. I or Dr. Middleditch may revoke consent for email communication at any time. I will notify Dr. Middleditch of any changes in my email address.

Signature: _____ Date: _____
(patient or legal representative)

Printed Name: _____

Patient E-mail address: _____

I prefer email instead of voicemail for routine communication Yes No

Never rely on email if communication is urgent or sensitive. Always use the telephone or call 911 for emergencies.

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name		Today's Date					
Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.			Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?							
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?							
3. How often do you have problems remembering appointments or obligations?							
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?							
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?							
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?							
Part A							
7. How often do you make careless mistakes when you have to work on a boring or difficult project?							
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?							
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?							
10. How often do you misplace or have difficulty finding things at home or at work?							
11. How often are you distracted by activity or noise around you?							
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?							
13. How often do you feel restless or fidgety?							
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?							
15. How often do you find yourself talking too much when you are in social situations?							
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?							
17. How often do you have difficulty waiting your turn in situations when turn taking is required?							
18. How often do you interrupt others when they are busy?							
Part B							

Name: _____ Marital Status: _____ Age: _____ Sex: _____
 Occupation: _____ Education: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8. Self-Criticalness

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry anymore than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

Subtotal Page 1

Continued on Back

11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.

- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.

- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.

- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

18. Changes in Appetite

- 0 I have not experienced any change in my appetite.

- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.

- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.

- 3a I have no appetite at all.
- 3b I crave food all the time.

19. Concentration Difficulty

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

Subtotal Page 2

Subtotal Page 1

Total Score

NOTICE: This form is printed with both blue and black ink. If your copy does not appear this way, it has been photocopied in violation of copyright laws.

THE MOOD DISORDER QUESTIONNAIRE

Instructions: Please answer each question to the best of your ability.

	YES	NO
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input type="radio"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/>	<input type="radio"/>
...you felt much more self-confident than usual?	<input type="radio"/>	<input type="radio"/>
...you got much less sleep than usual and found you didn't really miss it?	<input type="radio"/>	<input type="radio"/>
...you were much more talkative or spoke much faster than usual?	<input type="radio"/>	<input type="radio"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input type="radio"/>	<input type="radio"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="radio"/>	<input type="radio"/>
...you had much more energy than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more active or did many more things than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/>	<input type="radio"/>
...you were much more interested in sex than usual?	<input type="radio"/>	<input type="radio"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="radio"/>	<input type="radio"/>
...spending money got you or your family into trouble?	<input type="radio"/>	<input type="radio"/>
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	<input type="radio"/>	<input type="radio"/>
3. How much of a problem did any of these cause you – like being unable to work; having family, money or legal troubles; getting into arguments or fights? <i>Please circle one response only.</i>		
No Problem Minor Problem Moderate Problem Serious Problem		
4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>