PATIENT INFORMATION SHEET

Date\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

NAME OF CLIENT(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_/\_\_\_\_\_

Client #1 (Last) (First) (MI) DOB

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Client #2 (Last) (First) (MI) DOB

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Client #3 (Last) (First) (MI) DOB

Please provide additional family members on page 2, if necessary

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street)

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

(City) (Zip)

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

(Email/s)

Please list telephone numbers and check boxes next to the phone number(s) below where Lisa Nielsen-Karatz has your permission to leave a message with identifying information from her practice. If necessary, voicemail messages may include the name of this private practice for purpose of appointment reminders, etc.

Home # ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name/Cell # ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work # ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name/Cell # ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you accept appointment reminders by email, if necessary? Yes ( ) or No ( ), if yes list preferred email

for appointment reminders:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you accept appointment reminders by text message, if necessary? Yes ( ) or No ( ), if yes list preferred

cell number for reminder text:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFERRED BY (circle one): Self - Family Member - Friend - School - Insurance Co - Website

 or Other Source/Name?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MARITAL STATUS: (circle one) Single – Separated – Married – Divorced – Widowed

RACE/CULTUREAL CONSIDERATIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EMPLOYMENT STATUS OF PATIENT:

Full Time\_\_\_\_ Part Time\_\_\_\_ Stay-at-home Parent\_\_\_\_ Student\_\_\_\_ Unemployed\_\_\_\_ Retired\_\_\_\_

Client #1/NAME OF EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Time\_\_\_\_ Part Time\_\_\_\_ Stay-at-home Parent\_\_\_\_ Student\_\_\_\_ Unemployed\_\_\_\_ Retired\_\_\_\_

Client #2 NAME OF EMPLOYER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAMES OF RELEVANT FAMILY MEMBERS AGES RELATIONSHIP

|  |  |  |
| --- | --- | --- |
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|  |  |  |
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|  |  |  |

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

Name Telephone Number

|  |  |
| --- | --- |
|  |  |
|  |  |

Presenting Concerns or Problems

Please answer the following questions in as much details as you would like to share.

List the reasons for seeking help by listing the most urgent reasons at the top of your list.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your current parenting style (parent coaching clients)

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

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If you have a partner, please indicate if there are differences in your parenting styles and provide details (parent coaching clients)

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

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Please include any further information about yourself and/or your family that would be helpful to know:

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

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PATIENT AGREEMENT

TREATMENT PHILOSOPHY

As your practitioner, I believe in providing a collaborative approach to treatment planning. Depending on the treatment modality, we may develop specific goals. If you ever have any questions about the nature of the treatment or anything else about your care, please don’t hesitate to ask.

CONFIDENTIALITY

All information between Lisa Nielsen-Karatz, MSW, LICSW and the client is held strictly confidential unless:

1. The client authorizes release of information with his/her signature (a separate release form)

2. The client presents a physical danger to self.

3. The client presents a danger to others.

4. Child/elder abuse/neglect is suspected.

In the latter two cases, Lisa Nielsen-Karatz is required by law to inform potential victims and legal authorities so that protective measures can be taken.

CANCELLED/MISSED APPOINTMENTS

A scheduled appointment means the time is reserved only for you. If an appointment is missed, or cancelled with less than 48 hours notice, you will be billed $50.00 for the missed session. Your health plan does not cover payment for missed appointments; therefore, you will be responsible for the $50.00 no-show/late cancellation fee. If there is a last minute emergency, please discuss with provider.

EMERGENCY PROCEDURES

If you need to contact me, leave a message on my phone, and your call will be returned 24-48 hours. If an emergency situation arises, state that your call is an emergency. If you deem your situation to be a life or death situation, immediately call 911 or go to the nearest emergency room.

CONSENT FOR SERVICES

I further authorize and request that Lisa Nielsen-Karatz, MSW, LICSW carry out a brief intake, continued assessment, and treatment plans as needed. Brief progress notes will be completed after each session, filed in a secure location. I also understand that, while the course of coaching services is designed to be helpful, it may at times be difficult and uncomfortable.

I understand and agree to above paragraph.

Print Name of Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Minor Patient, Print Name of Parent/Guardian)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient (or if Minor, Parent/Guardian) Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please maintain a copy of this document for your own records or request a copy. Please sign to indicate that you read the above information:

Print Name of Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

If Minor Patient, Print Name of Parent/Guardian)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient (or if Minor, Parent/Guardian) Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you very much for taking the time to share this personal information. It will greatly help me in your assessment and treatment process. If there is anything else you would like to add, please feel free to include below or discuss during our meeting.