

Robin Stone, M.D.
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 Mooresville, NC 28117
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Please review the following three pages, you may fax or mail them prior to your first appointment.

Personal Information

NAME (First, Last)		M.I.	BIRTH DATE	TODAY'S DATE
STREET ADDRESS		CITY		STATE / ZIP
WORK PHONE	HOME PHONE		CELL PHONE	
<i>Circle which phone you prefer I call first.</i> If needed, may I leave a discrete message on your answering machine? Yes No				
In case of an emergency, is there someone I can contact (list below):				
NAME		PHONE	RELATIONSHIP	

Insurance Information

Please complete the following if you plan to file for reimbursement. Leave blank for self-pay. Please check on your insurance benefits *before* scheduling your appointment.

Dr. Stone does not file claims but may need your insurance information if your carrier requests information regarding your treatment

NAME OF POLICY HOLDER		POLICY HOLDER'S ID #	EMPLOYER'S NAME
INSURANCE PLAN NAME		POLICY GROUP OR FECA #	IS THIS YOUR ONLY PLAN?
Enter the policy holder's information, if different from yours:			
ADDRESS		CITY	STATE / ZIP
PHONE	BIRTH DATE, GENDER		RELATIONSHIP TO YOU

 Signature of Patient or Parent/Legal Guardian

 Date

Medication Information

Do you have any allergies to medications? Yes No Please List: _____

Are you currently pregnant, breast-feeding or considering pregnancy? Yes No

List any medications (including over-the-counter, vitamins, etc) you take:

NAME	DOSE	WHEN DID YOU START IT?

Practice Policies

- 1) *Scheduling:* Sessions are by appointment only. If Dr. Stone is unavailable to take your call, leave a message and she will respond as quickly as possible. Voicemails are confidential and are checked frequently throughout the day; calls left after 4 pm will be returned the next business day.
- 2) *Payment:* **Dr. Stone does not participate in preferred provider panels or contract with Medicare or Medicaid. Payment is due at the time services are rendered.** Dr. Stone accepts cash, MasterCard, Visa and Discover (**no personal checks**). For assistance with locating a Medicaid or Medicare provider see the “Resources” tab on www.insight-psychiatry.com and click on the link for “Local Area Mental Health Resources”.
- 3) *Reports:* If you request a consultation letter be sent to your referring provider, Dr. Stone will discuss the content during your initial evaluation. Dr. Stone does not perform psychiatric evaluations for legal purposes such as establishing grounds for a personal injury claim, or for the sole purpose of obtaining social security disability income. If you have any further questions, please ask.
- 4) *Refills:* Please request refills through your pharmacy at least two business days in advance. Prescriptions are not refilled on the weekends.
- 5) *Telephone Calls:* There is no charge for necessary calls, although Dr. Stone may need to see you in person before recommending any changes in treatment. If your call goes to voice mail, please leave a number where you can be reached and the best time to call. **Email communication is not an option at this time (because of confidentiality concerns and to comply with HIPPA regulations.)**

- 6) *Missed Appointments:* Dr. Stone understands that occasionally patients will need to cancel or reschedule appointments. Usually this is no problem, but to keep the practice running smoothly, she requires notice of any cancellation a **minimum of 24** hrs in advance or you will be billed at the usual fee. Continuity of care is important to ensure quality psychiatric care. If too many appointments are missed or cancelled, this may make ongoing treatment impracticable.
- 7) *What to do in a psychiatric emergency:* Page Dr. Stone if it is during regular business hours (8:00 am - 5:00 pm). Dr. Stone may be reached on her cellular afterhours for emergencies only. This topic will be reviewed in detail during your first visit.

You should feel free to discuss any aspects of these policies during your first visit with Dr. Stone.

Financial Responsibility:

I guarantee payment to Insight Psychiatry of all charges for services provided. I understand I am personally responsible for all charges. I attest that I am not a Medicare or Medicaid beneficiary.

Consent for Healthcare:

I voluntarily consent to healthcare treatment from Dr. Stone at Insight Psychiatry Inc. I am aware that the practice of medicine is not an exact science. No guarantees have been made to me regarding the result of treatments or examinations. I have read this form. I have had the opportunity to ask questions and my questions have been answered.

Acknowledgement of Receipt of Notice of Privacy Practices:

I have received a copy of the Notice of Privacy Practices for Insight Psychiatry. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice from Insight Psychiatry's website www.insight-psychiatry.com, or from Dr. Stone.

Signature of Patient or Authorized Person: _____ **Date:** _____

Mood Spectrum Scale

Name _____

Date _____

<i>Over the past week, how often have you had any of the following problems or symptoms?</i>	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed.	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
Frequent mood swings (e.g. several in a day)	0	1	2	3
Sleeping very little without being tired or missing it	0	1	2	3
Strong urges to travel, spend money, have sex or do impulsive things	0	1	2	3
Hyper, energetic, doing a lot... even if it's unfocused activity	0	1	2	3
Rapid thoughts that move from topic to topic; feeling easily distracted	0	1	2	3
Overly talkative to the point that it annoys others	0	1	2	3
Saw or heard things that were not there (e.g. shadows, sounds, voices)	0	1	2	3

Easily irritated or impatient	0	1	2	3
Feeling wired, agitated, edgy, aggressive or restless	0	1	2	3
Doing reckless, violent or dangerous things	0	1	2	3
Thinking that others have bad intentions towards you	0	1	2	3
Feeling unusually happy, confident, outgoing or sociable	0	1	2	3
<p>How <i>difficult</i> have all these symptoms made it for you to do your work, take care of things at home, or get along with other people (circle answer)?</p> <p>Not difficult at all · Somewhat difficult · Very difficult · Extremely difficult</p>				

NAME _____

DATE _____

Mood Disorder Questionnaire II

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?	YES	NO
...you were so irritable that you shouted at people or started fights or arguments?	YES	NO
...you felt much more self-confident than usual?	YES	NO
...you got much less sleep than usual and found you didn't really miss it?	YES	NO
...you were much more talkative or spoke faster than usual?	YES	NO
...thoughts raced through your head or you couldn't slow your mind down?	YES	NO
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	YES	NO
...you had much more energy than usual?	YES	NO
...you were much more active or did many more things than usual?	YES	NO
...you were much more social or outgoing than usual; for example, you telephoned friends in the middle of the night?	YES	NO
...you were much more interested in sex than usual?	YES	NO
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	YES	NO
...spending money got you or your family into trouble?	YES	NO
2 If you checked YES to more than one of the above, have several of these ever happened during the <i>same period of time</i> ?	YES	NO
3 How much of a <i>problem</i> did any of these cause you – like being unable to work; having family, money, or legal troubles; getting into arguments or fights?		
NO PROBLEM	MINOR PROBLEM	MODERATE PROBLEM
		SERIOUS PROBLEM

Mood Spectrum Diagnostic Scale

Name _____

Date _____

Instructions: Please read through the entire passage below before filling in any blanks.

Some individuals notice that their mood and/or energy levels shift drastically from time to time . These individuals notice that, at times, their mood and/or energy level is very low, and at other times, very high . During their “low” phases, these individuals often feel a lack of energy; a need to stay in bed or get extra sleep; and little or no motivation to do things they need to do . They often put on weight during these periods . During their low phases, these individuals often feel “blue”, sad all the time, or depressed . Sometimes, during these low phases, they feel hopeless or even suicidal . Their ability to function at work or socially is impaired . Typically, these low phases last for a few weeks, but sometimes they last only a few days . Individuals with this type of pattern may experience a period of “normal” mood in between mood swings, during which their mood and energy level feels “right” and their ability to function is not disturbed . They may then notice a marked shift or “switch” in the way they feel . Their energy increases above what is normal for them, and they often get many things done they would not ordinarily be able to do . Sometimes, during these “high” periods, these individuals feel as if they have too much energy or feel “hyper” . Some individuals, during these high periods, may feel irritable, “on edge”, or aggressive . Some individuals, during these high periods, take on too many activities at once . During these high periods, some individuals may spend money in ways that cause them trouble . They may be more talkative, outgoing, or sexual during these periods . Sometimes, their behavior during these high periods seems strange or annoying to others . Sometimes, these individuals get into difficulty with co-workers or the police, during these high periods . Sometimes, they increase their alcohol or non-prescription drug use during these high periods .

Now that you have read this passage, please check one of the following four boxes (consider your whole life when you answer, including recent times):

- | | |
|--|---|
| <input type="checkbox"/> This story fits me very well, or almost perfectly | 6 |
| <input type="checkbox"/> This story fits me fairly well | 4 |
| <input type="checkbox"/> This story fits me to some degree, but not in most respects | 2 |
| <input type="checkbox"/> This story does not really describe me at all | |

Now please go back and put a check after each sentence that definitely describes your life.

NAME of friend or relative _____

DATE _____

YOUR NAME and relationship _____

The following questions may help determine which medication is appropriate for your friend or relative. Circle yes or no, as you go.

❶ Has there ever been a period of time when you noticed they were not their usual self and...		
...they seemed to feel so good or so hyper that you thought they weren't their normal self, or they were so hyper they got into trouble?	YES	NO
...they were so irritable that they shouted at people or started fights or arguments?	YES	NO
...they acted much more self-confident than usual?	YES	NO
...they got much less sleep than usual and seemed to not really miss it?	YES	NO
...they were much more talkative or spoke faster than usual?	YES	NO
...they had many ideas at once or their thoughts raced from topic to topic?	YES	NO
...they were so easily distracted by things around them that you had trouble following their train of thought?	YES	NO
...they seemed to have much more energy than usual?	YES	NO
...they were much more active or did many more things than usual?	YES	NO
...they were much more social or outgoing than usual; for example, telephoning friends in the middle of the night?	YES	NO
...they were much more interested in sex than usual?	YES	NO
...they did things that were unusual for them or that you thought were excessive, foolish, or risky?	YES	NO
...they spent money to the point that it got them or their family into trouble?	YES	NO
❷ If you checked YES to more than one of the above, have several of these ever happened during the <i>same period of time</i>?	YES	NO
❸ How much of a <i>problem</i> did any of these cause – like being unable to work; having family, money, or legal troubles; getting into arguments or fights?		
NO PROBLEM	MINOR PROBLEM	MODERATE PROBLEM
		SERIOUS PROBLEM

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