Robin Cockrell, M.D. 150 Fairview Road, Suite 130 Mooresville, NC 28117 Tel: 704-948-3810 Fax: 704-625-9025



Please review the following three pages, you may fax or mail them prior to your first appointment.

Personal Information

NAME (First, Last)	M.	l.I.	BIRTH DATE		TODAY'S DATE
STREET ADDRESS			CITY		STATE / ZIP
WORK PHONE	HOME P	OHP	NE	CELL	PHONE
Circle which phone you prefer I call first. If needed, may I leave a discrete message on your answering machine? Yes No.			hine? Yes No		
In case of an emergency, is there someone I can contact (list below):			w):		
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. Cockrell 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				
TAICUD ANCE DI ANI NAME	DOLLOW CDOLLD OD FECA #	TO THE VOLED ONLY DIANG				
Insurance plan name	POLICY GROUP OR FECA #	IS THIS YOUR ONLY PLAN?				
Enter the policy holder's information, i	f different from yours.					
Effect the policy holder's information, i	i different from yours.					
ADDRESS	CITY	STATE / ZIP				
PHONE	BIRTH DATE, GENDER	RELATIONSHIP TO YOU				
Cignature of Patient or Parent/Logal Cuardian Data						
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 of	or cons	siderii	ng pregnancy?	Yes	No	
List any medications (including over-the-co	unter,	vitam	ins, etc) you tal	ke:		

NAME	DOSE	WHEN DID YOU START IT?

Practice Policies

- 1) *Scheduling:* Sessions are by appointment only. If Dr. Cockrell 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. Cockrell does not participate in preferred provider panels or contract with Medicare or Medicaid. Payment is due at the time services are rendered. Dr. Cockrell 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. Cockrell will discuss the content during your initial evaluation. Dr. Cockrell 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. Cockrell 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. Cockrell 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: Dr. Cockrell may be reached on her cellular after hours 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. Cockrell.

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. Cockrell 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. Cockrell.

Signature of Patient or Authorized Person:	Date:
Digitature of Lattern of Authorized Leison.	Date:

Family Psychiatric History	NAME DATE
Depression, Suicide, Violence, Drug or Ale (OCD), Attention Deficit Disorder (ADD of	ety problems, Mood Swings, Bipolar or Manic- cohol Abuse, Obsessive Compulsive Disorder or ADHD), Thyroid disorders. Has anyone had ed for mental health? Has anyone heard voices or
For each relative that comes to mind, write their recondition. Also record, if known, any treatments to	

Mood Spectrum Scale

Name _.	
Date	

Over the past week, how often have you had any of the following problems or symptoms?	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

How difficult 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)?

Not difficult at all $\,\cdot\,\,$ Somewhat difficult $\,\cdot\,\,$ Very difficult $\,\cdot\,\,$ Extremely difficult

NAME	DATE
NAME	DATE

Mood Disorder Questionnaire II

• 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 you 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	
● 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 PR	OBLEM		
		-	

Mood Spectrum Diagnostic Scale

Name	Date
Instructions: Please read through the en	tire passage below before filling in any blanks.
from time to time \(\Boxed{\text{L}}\). These indicates and/or energy level is very low, "low" phases, these individuals bed or get extra sleep; and little \(\Boxed{\text{L}}\). They often put on weight duphases, these individuals often for Sometimes, during these low phore Their ability to function at work low phases last for a few weeks Individuals with this type of path mood in between mood swings, feels "right" and their ability to notice a marked shift or "switch increases above what is normal done they would not ordinarily be "high" periods, these individuals, "on edge", or aggressive \(\Boxed{\text{L}}\). Some individuals, "on edge", or aggressive \(\Boxed{\text{L}}\). So take on too many activities at or individuals may spend money in the more talkative, outgoing, or so their behavior during these high \(\Boxed{\text{L}}\). Sometimes, these individuals	eir mood and/or energy levels shift drastically ividuals notice that, at times, their mood and at other times, very high \(\]. During their soften feel a lack of energy; a need to stay in or no motivation to do things they need to do ring these periods \(\]. During their low feel "blue", sad all the time, or depressed \(\]. asses, they feel hopeless or even suicidal \(\]. to or socially is impaired \(\]. Typically, these, but sometimes they last only a few days \(\]. tern may experience a period of "normal" during which their mood and energy level of function is not disturbed \(\]. They may then any in the way they feel \(\]. Their energy for them, and they often get many things be able to do \(\]. Sometimes, during these alls feel as if they have too much energy or feel during these high periods, may feel irritable, once \(\]. During these high periods, some a ways that cause them trouble \(\]. They may sexual during these periods \(\]. Sometimes, eperiods seems strange or annoying to others as get into difficulty with co-workers or the set \(\]. Sometimes, they increase their alcoholoring these high periods \(\].
whole life when you answer, including	· · · · · · · · · · · · · · · · · · ·
☐ This story fits me very well, or	•
☐ This story fits me fairly well	4
☐ This story fits me to some degr☐ This story does not really described.	<u>=</u>

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.

• 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	
If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	YES	NO	
● 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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