TANNER *CLINIC*

ADULT NEW PATIENT INFORMATION FORM

Welcome! Thank you for coming to your appointment. There are a few things to cover before we get started. Our first appointment will be a **Mental Health Assessment.** This initial appoint is to address your mental health concerns and issues you may be facing in your life. Like all of our appointments, it is confidential.

This appointment is also to make sure we are a good fit and your needs are in the scope of our practice. I hope you will feel safe in sharing your thoughts and feelings with me. It is important to me that we both feel we are a good fit to help the success of your treatment. If you do have any concerns, please feel free to share them with me during our appointment or after. If we both feel like this is a good fit, we will create a treatment plan that fits your needs and budget and begin treatment.

Payments

Payment options are available through your insurance company or cash pay. If you will be billing your insurance company for service you will want to make sure they cover our services. We generally use billing codes 90791, 90837, 90834 and you can call and confirm they will cover these services. Most insurance companies are great about covering services. However, your insurance company may deny payment for services provided today. Your signature on this document states this risk has been explained to you and you will be responsible for any balance that is non-payable or non-covered due to your coverage limitations. If your insurance company will not be paying, you will be provided a **Cash Pay Option.**

Mental Health Assessments/Individual & Family Therapy Sessions

Most of our sessions are 45-60 minute therapy sessions that are scheduled in advance and are a time reserved exclusively for one client. When a session is cancelled without adequate notice, we are unable to fill this time slot by offering the time to another patient, a patient on the wait list, or a patient with a clinical emergency. **Failure to cancel, or change your appointment within 24 hours will result in a charge of $50.00 fee billed directly to your account that insurance will not cover.** After the 3rd offense, we will no longer be able to see you as a client. This is a strict policy due to the importance of our time as well as yours. We will do our best to treat you with the same respect if ever we need to change your appointment.

By signing this document, you are expressing an understanding of the aforementioned policy and in agreement with the outlined parameters. Furthermore, you are agreeing to pay the assessed fee, with a strict knowledge that your insurance company will not cover the fee.

Thank you and I look forward to meeting with you!
Victoria Thompson - Tanner Clinic

Print Client's Name	Client Signature
Print Guarantor's Name (If patient is under 18)	Guarantor's Signature

Name: _____ Today's date: _____

Address: _____

City/State/Zip: _____

Email address: _____ Age: _____ Gender: ____ Date of Birth: _____

Phone: _____ Is this a number your therapist can contact you via text? Y ☐ or N ☐

Referred by: _____ Relationship: _____

Your occupation: _____ Employer: _____

Marital/Relationship status: _____ If applicable: Years together/married: __ Anniversary: _____

Do you have children? Yes ☐ or No ☐

Names/Age/Sex: _____

_____

The main reason I am here today is:
☐ I need someone to talk to about some hard things that have happened
☐ I want to make a change with my behavior in my life and need Life Coaching.

Please describe the problem that brought you here today:

_____

_____

_____

What are your goals and/or expectations for coming to therapy? _____

_____

What strengths, skills, attributes, personality traits do you have right now that will help you achieve your therapy goals? _____

_____

Have you ever received treatment from a therapist before? Yes ☐ No ☐

If yes, when? Who? Why? _____

_____

Do you think it helped? Why or why not? _____

_____

>>>Continue on the back>>>

SYMPTOMS CHECKLIST – Please answer in regards to the past month

- ☐ Distractibility
- ☐ Hyperactivity
- ☐ Impulsivity
- ☐ Boredom
- ☐ Poor memory/confusion
- ☐ Seasonal mood changes
- ☐ Sadness/depression
- ☐ Loss of pleasure/interest
- ☐ Hopelessness
- ☐ Thoughts of death
- ☐ Self-harm behaviors
- ☐ Crying spells
- ☐ Loneliness
- ☐ Low self-worth
- ☐ Guilt/shame
- ☐ Fatigue
- ☐ Other: _____

- ☐ Change in appetite
- ☐ Lack of motivation
- ☐ Withdrawal from people
- ☐ Anxiety/worry
- ☐ Panic attacks
- ☐ Fear away from home
- ☐ Social discomfort
- ☐ Obsessive thoughts
- ☐ Compulsive behavior
- ☐ Aggression/fights
- ☐ Frequent arguments
- ☐ Irritability/anger
- ☐ Homicidal thoughts
- ☐ Flashbacks
- ☐ Hearing voices
- ☐ Visual hallucinations

- ☐ Suspicion/paranoia
- ☐ Racing thoughts
- ☐ Excessive energy
- ☐ Wide mood swings
- ☐ Sleep problems
- ☐ Nightmares
- ☐ Eating problems
- ☐ Gambling problems
- ☐ Computer addiction
- ☐ Problems with pornography
- ☐ Parenting problems
- ☐ Sexual problems
- ☐ Relationship problems
- ☐ Work/school problems
- ☐ Alcohol/drug use
- ☐ Recurring, disturbing memories

Check any of the following that apply to you and explain:

- ☐ Depression _____
- ☐ Anxiety _____
- ☐ Alcohol _____
- ☐ Drug Use _____
- ☐ Other Addiction _____
- ☐ Serious Illness _____
- ☐ Violence _____
- ☐ Suicidal Thoughts _____
- ☐ Victim of Abuse _____
- ☐ Relational Problems/Family Issues _____
- ☐ Trauma _____
- ☐ Other _____

How have you handled these problems in the past? _____

_____

If you are taking any medications, please list the medication, dosage, and prescribing doctor:

_____

_____

Your doctor: _____ May we contact them? Yes ☐ No ☐

If their phone number is outside of Tanner Clinic ( ) _____

Do you think the medicine is helping? Why or why not? _____

_____

Realistically, how long do you expect therapy to take? _____

_____

_____