

Client Intake and Office Policies (Workers' Compensation)

Melissa Staehle, Ph.D.
Psychologist, PSY 20412
Diplomate, American Academy of Pain Management

Providing Support for Life's Transitions

825 College Avenue, Suite 2
Santa Rosa, CA 95404
Tel/Fax: 707-544-7761/544-7781
Email: mgsphd@sbcglobal.net

PATIENT IDENTIFYING INFORMATION:

Patient Name	Date of Birth	Social Security Number
--------------	---------------	------------------------

Patient's Street Address	City/State	Zip Code
--------------------------	------------	----------

Home Phone	Cell Phone	Email Address
------------	------------	---------------

Emergency Contact	Relationship	Phone Number
-------------------	--------------	--------------

ATTORNEY INFORMATION (if applicable):

Name of Attorney for Industrial Injury	Phone	Fax
--	-------	-----

Address of Attorney for Industrial Injury

INFORMATION ABOUT YOUR INJURY:

Please describe how you were injured at work:

Please list the physical and psychological complaints which resulted from your injury:

Please list diagnostic procedures, treatment and surgeries related to your industrial injury:

Please list your current medications:

Medication Name	Dosage/Frequency	Purpose	Start Date

EMPLOYMENT INFORMATION:

Employer (most recent first)	Job duties	Dates of employment

What is your current work status?

1. Currently working full-time
2. Currently working in modified manner: _____
3. Out on temporary disability since _____
4. Permanently disabled since _____

What is your current monthly income and how are you being paid?

Do you hope to return to work in your same profession and if so, what would be needed for you to do so?

EDUCATION:

Please check educational milestones that apply to you:

- | | |
|---|--|
| <input type="checkbox"/> completed grade school | <input type="checkbox"/> AA degree (junior college) |
| <input type="checkbox"/> completed high school | <input type="checkbox"/> BA or BS degree (college) |
| <input type="checkbox"/> earned GED | <input type="checkbox"/> Masters level or doctorate degree |
| <input type="checkbox"/> trade school or special training. Subject: _____ | |

Please describe learning disabilities and/or learning strengths that you have, if any:

PSYCHOSOCIAL INFORMATION:

Please list the names and ages of the members of your family:

Please identify the marital status that applies to you:

- ☐ married (for ____ years)
☐ divorced (number of times ____)
☐ co-habiting with partner
☐ never married
☐ widowed
☐ single

Describe your current living situation (housing, people/pets with whom you live):

Describe your activities on a typical day at present:

Describe a typical night of sleep/rest:

Describe the exercise that you are currently getting:

Exercise	Frequency	Duration	Benefits

Please describe your use of the following substances:

Substance	Amount	Frequency	Benefits
Caffeine			
Cigarettes			
Alcohol			
Marijuana			
Cocaine			
Amphetamines			

What and when do you eat and drink on a typical day?

PSYCHOLOGICAL BACKGROUND:

Please check any of the following issues that are part of your history:

- ☐ Physical, verbal and/or sexual abuse
- ☐ Other childhood or adult trauma
- ☐ Serious illness or injuries
- ☐ Substance abuse
- ☐ DUIs
- ☐ Arrests/imprisonment
- ☐ Other work related injuries
- ☐ Mental Illness
- ☐ Suicide attempts
- ☐ Military service

Please describe your experience with psychotherapy, spiritual counseling, family/group therapy or participation in substance abuse programs:

What are three of your strategies for coping with emotional pain?

1

2

3

What are the major stressors in your life at this time:

PAIN EXPERIENCE (if applicable):

Body Part	Quality of Pain	Intensity of Pain today (0-10 scale)
-----------	-----------------	--------------------------------------

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

What are three mostly useful things you do to cope with or reduce your pain?

1

2

3

OFFICE POLICIES:

Payment: Your workers' compensation carrier is responsible for payment for authorized treatment. I will bill them directly for my services.

Confidentiality: Not all information disclosed during sessions is confidential when receiving treatment within the workers' compensation system. As treating physician for a psychological injury I am required to provide the insurer with an initial evaluation, periodic progress reports, and other reports as requested. Additionally, I may also discuss treatment with your other treatment providers as needed. If you are involved in litigation, your attorney may receive copies of reports. Efforts will be made to share only information that is relevant to treatment for your industrial injury. You have a right to review your medical records.

Immediate disclosure of information outside of your insurer, your treatment providers, and your attorney may be required in the following circumstances for safety purposes:

- When there is reasonable suspicion of abuse to a child, dependent or elder adult.
- When the client communicates a serious threat of bodily injury to others.
- When the therapist has a reasonable belief that the client may be a danger to themselves, others, or property of others.
- When law otherwise requires disclosure.

I also receive regular professional consultation. In such cases, neither your name nor any identifying information about you is revealed.

I use a professional version of Zoom, FaceTime or WhatsApp for Telehealth if appropriate. I make efforts to secure our conversations, but there exists the possibility for hackers to breach security.

Canceled/Missed Appointments: If an appointment is missed or canceled with less than 24 hours of notice, you will be charged \$20. Insurance companies will not pay for missed appointments. Exceptions will be made for illness or family emergencies.

Emergency Treatment: I usually return calls within 24 hours. If there is a life-threatening emergency, please call 911. When I am out of town or otherwise unavailable, a qualified professional will cover for me by checking my calls.

I have completed this intake form as accurately and honestly as possible. I have read and understand the office policies noted above.

Client Name

Client Signature

Today's Date