

Client Intake and Office Policies

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Providing Support for Life's Transitions

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CLIENT IDENTIFYING INFORMATION:

Name	Date of Birth	Social Security Number
Patient's Street Address	City/State	Zip Code
Home Phone	Cell Phone	Email
Emergency Contact	Relationship	Phone Number

INSURANCE INFORMATION (please present insurance card to copy):

Name of Primary Insurance Company	Identification Number	
Subscriber Name (if different than you)	Subscriber DOB	Subscriber SSN
Name of Secondary Insurance Company	Identification Number	
Subscriber Name (if different than you)	Subscriber DOB	Subscriber SSN
Notes about coverage:		

REASONS FOR SEEKING THERAPY:

Please describe your reasons for seeking therapy at this time:

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

- ☐ Physical, verbal and/or sexual abuse during childhood
- ☐ Physical, verbal and/or sexual abuse during adulthood
- ☐ Other trauma
- ☐ Serious illness or injury
- ☐ Substance abuse/DUIs
- ☐ Arrests/imprisonment
- ☐ Head injury
- ☐ Mental illness of yourself or close family member
- ☐ Suicide attempt
- ☐ Acts of violence upon others
- ☐ Military service
- ☐ Divorce/separation

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

MEDICAL INFORMATION:

Please list any medical issues for which you are receiving treatment:

Primary Treating Physician:

Name

Phone Number

Please list your current medications including supplements and vitamins:

Medication Name	Dosage/Frequency	Purpose	Start Date

EDUCATION:

Please check educational milestones that apply to you:

☐ completed grade school ☐ AA degree (junior college)
☐ completed high school ☐ BA or BS degree (college)
☐ earned GED ☐ Masters level or doctorate degree
☐ trade school or special training: _____

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

PSYCHOSOCIAL INFORMATION:

Please describe your social support system:

Name of person or organization	Type of support that you receive	Frequency of contact

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:

OFFICE POLICIES:

Payment: Your portion of payment is due each session unless other arrangements are made. Non-payment is a reason for termination. You are responsible for payments in the case that your insurance company does not cover services.

Confidentiality: All information disclosed within session is confidential and may not be revealed to anyone without written permission except where disclosure is permitted or required by law. Disclosure may be required in the following circumstances (please refer to Notice of Privacy Practices for specifics):

- 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.

Additionally, I 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: A scheduled appointment means that time is reserved only for you. If an appointment is missed or canceled with less than twenty-four hours notice, you will be charged \$20. Insurance companies will not pay for missed appointments.

Emergency Treatment: I usually return calls within 24 hours. If you have 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.

Litigation Charges: If I am required to attend a deposition, hearing or other legal proceeding you will be billed at the rate of \$250/hour for any time, including preparation and travel time as well as the time I spend at the legal proceeding.

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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