Centers for Hope & Wellness, Inc.

Patient Information

Name: _____ Date of Birth:_____

Address :_____ Social Security #:_____
Street

_____ Marital status :_____
City

_____ _____ Gender: Male_____ Female_____
State Zip

Home Phone:_____ Alternate phone:_____

Preferred Contact Number:_____ May we leave a message at this number: Yes___ No___

Do you want to be reminded via email of appointments? Yes ____ No ____

Email Address: _____

Emergency Contact Name: _____ Relationship to Patient: _____

Emergency Contact Number: _____

Primary Care Physician: _____ Physician's Phone Number: _____

Patient employment

( ) Employed ( ) Retired ( ) Unemployed ( ) Student ( ) Other

Employer:_____ Phone: _____ May we contact you at work: Yes No

Permission for Treatment, Guarantor's Statement, and Authorization to Release Information :
Permission is hereby granted to clinicians at the Centers for Hope and Wellness, Inc., to administer examinations, treatments, and procedures as are deemed necessary for myself and/or the patient named on this registration. I have received notification of the rights of the confidentiality of alcohol and drug abuse patient records. I acknowledge I have received notice of privacy practices. I hereby request and authorize Centers for Hope and Wellness, Inc., to release all or any part of my medical records to any insurance company(s) which is or may be liable for all or part of my charges. My signature below acknowledges that I have had an opportunity to read the Practice Agreement and understand the information contained within it; I hereby agree to abide by its content.
Assignment of insurance benefits: I hereby authorize and assign all payments made directly to Centers for Hope & Wellness, Inc., for all insurance benefits otherwise payable to me. I agree to pay all accumulated charges not covered by verified and assigned insurance. I acknowledge I have received a copy of the Privacy Policy of this office.

_____ _____ _____
Date Signature Relationship to Patient

Centers for Hope & Wellness, Inc.
7517 Beechwood Centre, Suite 300 Avon, IN 46123
(317) 272-8138 (Office) (317) 272-8165 (Fax)

RIGHTS AND RESPONSIBILITIES

Our experience has shown that when the contract terms of the counseling relationship or evaluation process are clear and explicit from the beginning, some common misunderstandings are avoided. Please read carefully and sign at the bottom.

1. You are an integral part of your evaluation and counseling; you have the right to ask questions at any point. You may refuse to participate in any evaluation task; however, an accurate evaluation is better achieved with your cooperation.
2. Questions concerning your therapist's qualifications and experience will always be answered. As well, you may refuse to participate in any intervention, strategy, or behavior suggested by your counselor.
3. Because we are a teaching practice, we may utilize interns from various graduate programs around the state. You may request or refuse services from an intern practicing at our site
4. Counseling is an interactive reciprocal experience. The counselor will always attempt to meet you, the client, where you are psychologically. Your cooperation in the relationship is central to its' success.
5. A referral will be provided based on your need or at your request.

CONFIDENTIALITY:

6. Within certain legal and ethical limits, information revealed by you will be kept strictly confidential and will not be disclosed to another person or agency without your written permission. The limits to this policy are as follows:

- If a court of law issues a subpoena, we are required to provide the information required by subpoena.
- If a court of law has ordered you to participate in counseling or to be evaluated by our staff, the results of the treatment or assessment must be revealed to the court.
- If you threaten physical injury or death to yourself or another person, we must take steps necessary to protect you or other involved individuals. (This includes disclosure to appropriate authorities or relevant individuals).
- If you or your child discloses emotional/physical/sexual abuse of a minor, we are required by law to report this to the local children's protection agency.
- If you were sent here to be evaluated by an attorney, insurance agency, Social Security, or your employer, we must comply with disclosure.

7. You have the right to be informed about policies regarding fees and services.

- Payment is due at time of service.
- Co-payment or deductible will be due after each session, unless we have a contract with your carrier stating no payment is due.
- Fees are based on the type/length of services you receive. You'll also be responsible for charges incurred on your behalf with other professionals/agencies, court appearances, test scoring, interpretation or preparation.
- Clients presenting for intensive treatment are contracted to pay at the beginning of their program. Contracted clients may terminate treatment at any time at their discretion.
- We reserve the right to terminate treatment for non-payment of fees and services provided.
- Unpaid accounts greater than one session will result in suspension of services until payment is received.

8. You have the right to terminate services at any time.
9. If you cancel or do not show for a scheduled appointment and we do not hear from you for 30 days, then it will be assumed that you are no longer under our care.
10. There will be an additional charge for processing forms other than medical insurance (i.e. disability).
11. It is your responsibility to become familiar with your own mental health benefits if you are using insurance, prior to entering into a treatment contract with your counselor. Our staff may be able to provide you with some insurance information but due to the various plans with each carrier and their confidentiality policies, we cannot guarantee the accuracy of information we receive from your carrier.

APPOINTMENTS

Your appointment time is set aside just for you. We look forward to meeting you at your reserved time. If you miss an appointment without notice, this means that another person is not able to use that appointment time.

Unless there are circumstances your counselor and you would define as an illness or emergency, it is our policy to charge a fee when an appointment is not canceled 24 hours in advance, or is missed. **If an appointment is canceled less than 24 hours in advance or is missed, you will be charged $120. Clients who are being assisted by a local church will be charged $60 for a missed or late-canceled appointment. You are allowed 1 missed/late-canceled appointment without charge.**

Our office reserves the right to enforce one or more of the following options:

- You will be charged for the missed appointment (please note that this service charge will not be covered by your insurance).
- Your full session fee will be billed at time of service, and payment is due at that time.
- Termination from our practice will occur if multiple appointments are missed.

I have read and understand my rights and responsibilities.

_____ _____

Signature of Client Date

_____ _____

Signature of Client Date

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ADULT HISTORY QUESTIONNAIRE

(Please do not have someone else fill this out for you)

Name: _____ Date: _____

Date of Birth: _____ Place of Birth: _____

Early History:

1. From what you have been told, what were you like as an infant?

2. Were you raised by both your natural parent? Yes____ No_____

   If no, who raised you?

3. Please list brothers and sisters, their ages, step or half and where you fall (youngest, middle…)

4. Describe what you family was like as you were growing up. (What you did as a family, how you got along…)

5. What type of discipline was used with you when you were growing up? How did you feel about this?

6. List where you attended school: What is the highest grade you attained (high school, GED, college).

   Name of school City/State Grades Completed

7. Describe what grade school was like for you.

8. If you attended high school, what was that like for you?

9. Were there any family crises while you were growing up (deaths, serious physical illnesses, divorce, mental illness, alcoholism, etc.)?

10. What was your own health like as a child?

11. What were your relationships with other children like? (Both as a child and an adolescent).

12. What did you tend to do with your free time as a child and an adolescent?

13. Please write here anything that was significant to you as a child that you may not have noted elsewhere.

ADULT HISTORY:

14. Please provide some information on your employment history (start with your most recent job and work back through your past 5 jobs).

Position	Employer	Approximate dates

15. How has your health been as an adult (note any major medical problems)?

16. Please list your current medications.

Medication	Dose	Purpose	Prescriber
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. In this space, please provide information on your martial history (if never married, just note "single"). Please include people with whom you've had a live-in relationship.

Spouse's Name	Date Married	Date Divorced	Children's Names

18. Have you ever participated in counseling or therapy before? (If yes, please describe where when and briefly note the purpose).

19. Have you or any family member had any problems with alcohol or drug use? How often do you use drugs or alcohol? What do you use?

20. Please note here anything that has been significant in your adult life that you may not have noted elsewhere.

CURRENT HISTORY:

21. If currently employed, what do you do and how do you feel about your job?

22. A. If currently married; describe how you feel about the marriage.

B. If currently single, do you have any significant intimate relationships in your life and how do you feel about them?

23. What is your current circle of friends like?

24. What do you do with free time?

25. Do you belong to a church or synagogue? (If yes, what denomination and how active are you in it?)

26. What are your goals for the future?