

New Client History

Dana R. Falk, Ph.D., PLLC
Licensed Psychologist

Please print out this form and complete it by hand.

Be sure to bring your completed form to our first session, or we may need to re-schedule.

Please read (but do not sign) the **Consent for Treatment** document that's also on the "Paperwork" page of my website. This way, we can discuss it before deciding about signing. Don't skim; really read it; there's more helpful info there than the typical consent form contains.

During our initial session, we'll discuss a broad range of your life experiences and concerns. Only you know the full story, though, so please don't limit our conversation to the areas I ask about specifically. With this joint effort, our time should be very productive and hopefully satisfying, too.

One or both of us may decide that you'd benefit from working with someone else. This a normal part of the process and may take a few sessions to determine. Your job is to assess whether I "get" you and whether my treatment style inspires your trust that our work will be effective. My job is to assess your therapeutic needs and to be honest about whether I have the clinical expertise and the schedule availability to do these justice. Neither party need feel badly if our match isn't quite right.

Provide your basic information

Full Name _____ Today's Date _____

Gender _____ Birthdate _____ Current age _____

Current relationship status _____

Current occupation: _____

Education: _____

Street Address _____

City _____ State _____ Zip _____

Phone number at which I could leave a private message for you:

(_____) _____

Email address: _____

Your preference for contact with a confidential message: Phone _____ E-mail _____ Either _____

In case of emergency, contact: _____ at _____.

Relationship to this contact: _____

Describe your current concerns

Please explain what brings you to therapy at this time:

Please **check** all the items below that describe concerns you have had.

Mark with a **star** those that are particularly important to you at the moment.

- | | |
|---|---|
| <input type="checkbox"/> Anxiety or nervousness | <input type="checkbox"/> Recovering from a trauma or accident |
| <input type="checkbox"/> Panic attacks or intense fears | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Social skills or loneliness | <input type="checkbox"/> Gender identity |
| <input type="checkbox"/> Relationship issues or patterns | <input type="checkbox"/> Cultural identity |
| <input type="checkbox"/> Family dynamics | <input type="checkbox"/> Spiritual identity |
| <input type="checkbox"/> Self-esteem or personal growth | <input type="checkbox"/> Feeling detached from people |
| <input type="checkbox"/> Eating patterns | <input type="checkbox"/> Experiencing things that may not be real |
| <input type="checkbox"/> Body image | <input type="checkbox"/> Conflict with a friend, colleague, parent,
employer, sibling or _____ |
| <input type="checkbox"/> Sexuality patterns, (in)experience or desire | <input type="checkbox"/> Recovering from abuse, neglect or assault |
| <input type="checkbox"/> Alcohol or drug decisions | <input type="checkbox"/> ___ as a person who caused someone harm |
| <input type="checkbox"/> Desire to change a behavior | <input type="checkbox"/> ___ as a person who experienced harm |
| <input type="checkbox"/> Managing impulses; hasty decisions | <input type="checkbox"/> ___ as both |
| <input type="checkbox"/> Managing anger | Type(s) of abuse: Please circle |
| <input type="checkbox"/> Mood swings | Physical Verbal/emotional Sexual Neglect |
| <input type="checkbox"/> Feeling low or depressed | <input type="checkbox"/> Career identity or planning |
| <input type="checkbox"/> Cutting, hitting or burning yourself | <input type="checkbox"/> Perfectionism or procrastination |
| <input type="checkbox"/> Considering suicide | <input type="checkbox"/> Possible attention deficit or hyperactivity |
| <input type="checkbox"/> Sleeping too much or not enough | <input type="checkbox"/> Learning difference or disability |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Physical challenge or disability |
| <input type="checkbox"/> Chronic pain or fatigue | |
| <input type="checkbox"/> Grief in response to a loss or death | |
| <input type="checkbox"/> Help adjusting to a change in your life | |

Outline your health history

Have you ever met with a psychologist, psychiatrist, counselor or social worker in the past?

If yes, most recently by _____ who is a (profession) _____
_____ in (city/state) _____

Phone: () _____

How was that experience for you?

Any other mental health professional you've met with in the past who is important to mention?

Yes, by _____ who is a (profession) _____
in (city/state) _____. Phone: () _____

How was that experience for you?

What **prescription medications**, if any, are you currently taking for emotional health concerns?

(Please list) << Medication >>

<< Prescribed to help with... >>

Prescribed by _____ who is a _____
in (city/state) _____ Phone: () _____

Ever been prescribed medication(s) for emotional health that you're no longer taking? _____
If so, did you take yourself off the meds independently ____ or discontinue them in consultation
with a medical provider? _____. Why did you discontinue the medication(s)?

What **naturopathic supplements or over-the-counter meds** are you currently taking?
(Please list) << Supplement >> << Am using to help with... >>

Ever been hospitalized or received intensive treatment for emotional health concerns? _____
If so, for help with _____
_____ during (mo/yr) _____
(at (facility) _____ in (city) _____
_____. How was that experience for you? _____

Have any of your blood relatives dealt with emotional health issues?

These may be conditions that were actually diagnosed, or may simply be things you have a hunch about, though it's unofficial or unspoken in the family. We're just gathering the big picture...

< Family member > < Health Concern > < Diagnosed? > < Got help? >

Establish your account with this practice

For all clients to complete, even those who will not be paying by credit card

1. Which credit, debit, Health Savings [HSA] or Flex Spending [FSA] Account would you like to have on file?

Account #: _____

Expires: Month _____ Year _____ 3-digit # on back (CCV) _____

Name on card: _____

Address on account: _____ Same as my home address
_____ Different from home address (write below):

2. If this is an HSA or FSA account, what card would you like as your backup, for when your flex funds have been spent for the year?

Account #: _____

Expires: Month _____ Year _____ 3-digit # on back (CCV) _____

Name on card: _____

Address on account: _____ Same as my home address
_____ Different from home address (write below):

What's your preferred form of payment?

_____ I'd like to use Paypal before each session: danafalk@icloud.com

_____ I'd like to use personal check or cash at the start of each session [preferred]

_____ I'd like to run the account noted above by Square

_____ I'd like to decide as I go

Ideally, we'll take care of finances at the beginning of each session, so our endings will not be intruded upon. It's much nicer this way!

If you're paying by check, please consider having it filled out before we sit down together. This maximizes our session time.

What's your preference regarding a receipt for treatment cost?

This "Record of Services Provided" includes codes for insurance companies. It's only necessary if I am "out of network" and you'll be seeking insurance reimbursement.

- I would like to receive a hard copy at each session.
 I do not need a written Record of Services Provided.

How does health insurance figure into your plan?

- I'll pay privately and not involve any insurance company. No record of my therapy will exist other than my confidential treatment file within this office.
- I have insurance, but not Premera/Blue Cross. I'll pay for therapy up-front and be reimbursed by insurance for seeing Dr. Falk as an out-of-network provider. I'll use the Record of Services Provided to file my claims.
- I have Premera Blue Cross, but Dr. Falk is out-of-network because my mental health claims go to a different company. I'll pay for therapy up-front and pursue reimbursement.
- I have Premera insurance and Dr. Falk is in-network. I expect insurance to cover the majority of my expenses and will contribute my co-pay at each session. I'm responsible for treatment costs before my insurance deductible is satisfied or if my policy doesn't cover as expected.

If Dr. Falk is in-network and will submit claims for you, please complete this:

Policy holder's name _____

Your relationship to policy holder _____

Subscriber #: Prefix [3 letters] _____ ID Number [9 digits] _____

Employer _____

The section below is optional but may be useful for researching your coverage. Clients are responsible for cost not covered by insurance.

Does your policy require you to obtain “pre-authorization” before seeing a mental health provider, or before seeing someone outside their primary care physician? _____

Do they allow a limited # of therapy sessions? _____

If so, they will cover _____ sessions, after which I’d have to pay privately.

Is this session limit..

... per calendar year? (Starts fresh each January)

... per 12-month period? Starts fresh every _____

... or is it until a new authorization is required for additional sessions to be approved? _____

Do you have a deductible to pay before insurance coverage kicks in? _____

If so, what amount remains before you reach your deductible for this year? \$ _____

Does anyone in your family have another insurance policy your company might expect to pay towards therapy? (This is called “co-insurance.”) _____

My insurance will reimburse me for _____% for my mental health treatment costs when i see someone contracted with them and _____% when I see someone outside their network.

Describe other aspects of your life (optional)

Anything else you’d like to make sure I understand about the context of your situation? For example, anything you’d like to say about the ethnic, religious or class culture in which you were raised? The circumstances of your current story, unique aspects of your career, parenting or relationship status? The physical health of someone in your family? Your hopes for therapy?