

# Avalon PSYCHIATRY

## New Patient Intake Information

Patient name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone (home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OK to call? Y / N

(work) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OK to call? Y / N

Birthdate \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Female Male Single Married Widowed Separated

SSN \_\_\_\_\_ Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Primary care physician \_\_\_\_\_ Phone \_\_\_\_\_

Referred by \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

If another person is responsible for charges:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone (home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(work) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## **Consent for treatment and statement of financial responsibility**

I hereby give my consent for psychiatric and psychological consultation and treatment. I understand that each psychiatrist/psychologist in this office is an independent practitioner and no other clinician is involved in the treatment and/or consultation of my dependent or me.

I agree to be financially responsible for all charges that accrue from consultation and treatment.

I agree to be financially responsible for cancelled appointments in accordance with my doctor's cancellation policy.\*

\* (48-hour notification to avoid charge for appointment).

Signature of patient \_\_\_\_\_ Date \_\_\_\_\_

If signed by another responsible person, specify relationship

***About your current problems***

List the problems of greatest concern to you.

Describe the problems in your own words.

***Please list any prior psychiatric, psychological or chemical dependency services.***

Name of treatment setting; i.e. outpatient / inpatient	Practitioners seen	Dates of service	Were services helpful?

***Substance abuse history***

Have you ever felt you should cut down on your drinking / drug use?

Have people annoyed you by criticizing your drinking / drug use?

Have you ever felt bad or guilty about your drinking / drug use?

Have you ever drank / used drugs in the morning to steady your nerves or relieve a hangover?

YES	NO

***Family Medical, Psychiatric and Chemical Dependency history***

***Please check the appropriate box if these conditions are current or have occurred in relatives***

	Children	Siblings	Mother	Father	Uncles / Aunts	Grandparents	Others (how related?)
Anxiety							
Depression							
Psychiatric treatment							
Alcohol problems							
Drug abuse							
Other (write in)							
Medical condition(s)							