

Client Information & Confidentiality Preferences

(Please Print Clearly)

Name(s): _____

Today's Date: _____ Date of Birth: _____

Employment: _____

Address to which Dr. Smith may send correspondence:

Address: _____

City: _____ State: _____ Zip: _____

Telephone numbers at which Dr. Smith may reach you:

Mobile: _____

Is it OK to call you at this number? ___ Yes ___ No

Is it OK to leave messages at this number? ___ Yes ___ No

Home: _____

Is it OK to call you at this number? ___ Yes ___ No

Is it OK to leave messages at this number? ___ Yes ___ No

Work: _____

Is it OK to call you at this number? ___ Yes ___ No

Is it OK to leave messages at this number? ___ Yes ___ No

Email address at which Dr. Smith may reach you: _____

Emergency contact: _____

Phone: _____ Relationship to client: _____

How did you hear about Dr. Smith? _____

Please continue to the symptom checklist on the reverse...

Symptom Checklist

Name: _____ What brings you to Dr. Smith's office? _____

Individual Symptoms

- | | | |
|---|--|---|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Impulses to harm self | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Impulses to harm others | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Career difficulties | <input type="checkbox"/> Disorientation | <input type="checkbox"/> Sleep difficulties |
| <input type="checkbox"/> Compulsive thoughts | <input type="checkbox"/> Visual hallucinations | <input type="checkbox"/> Thoughts of suicide |
| <input type="checkbox"/> Compulsive behaviors | <input type="checkbox"/> Auditory hallucinations | <input type="checkbox"/> Suspiciousness of others |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Irritability | <input type="checkbox"/> Difficulty thinking |
| <input type="checkbox"/> Depression/sadness | <input type="checkbox"/> Lack of energy | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Loss of interest | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Excessive alcohol use | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Nausea/vomiting |
| <input type="checkbox"/> Excessive drug use | <input type="checkbox"/> Memory problems | Other symptoms: |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Panic | _____ |
| <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Self-critical thoughts | _____ |

Relationship Difficulties

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Tension | <input type="checkbox"/> Communication problems | <input type="checkbox"/> Infidelity |
| <input type="checkbox"/> Arguments | <input type="checkbox"/> Alcohol/Drugs | Other problems: |
| <input type="checkbox"/> Emotional distance | <input type="checkbox"/> Stress from health problems | _____ |
| <input type="checkbox"/> Sexual difficulties | <input type="checkbox"/> Stress from money problems | _____ |

Difficulties With Family and/or Children

- | | | |
|--|---|-----------------|
| <input type="checkbox"/> Tension with children | <input type="checkbox"/> Alcohol drugs | Other problems: |
| <input type="checkbox"/> Angry interchanges | <input type="checkbox"/> Financial problems | _____ |
| <input type="checkbox"/> Behavioral problems | <input type="checkbox"/> Disorientation | _____ |

Medical Status

Please describe any medical difficulties you are experiencing: _____

Have you sought treatment for the above medical difficulties? _____

Please list any medication you are taking related to your physical health:

Please list any medication you are taking related to your mental health (antidepressants, etc):

Mandatory Disclosure Statement

License: Shawn T. Smith, Psy.D. is licensed to practice psychology in the State of Colorado (license number PSY-3162). Dr. Smith received his Doctorate in Clinical Psychology from the University of Denver in 2006. A Licensed Psychologist must hold a doctorate degree in psychology and have at least one year of post-doctoral supervision.

Patient Rights: The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Section of the Division of Registrations. The Board of Psychologist Examiners can be reached at 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7800. You are entitled to receive information about the methods of therapy, the techniques used, the duration of therapy, if known, and the fee structure. You may seek a second opinion from another therapist or terminate therapy at any time. Dr. Smith may also terminate therapy at any time. Psychotherapy is not an exact science, and outcomes cannot be guaranteed. In a professional relationship, sexual intimacy is never appropriate and should be reported to the board the Board of Psychologist Examiners.

Limits to Confidentiality: Information that you provide in therapy is legally confidential in most circumstances. However, there are exceptions to the general rule of legal confidentiality, as listed in the Colorado Statutes (C.R.S. 12-43-218). These include, but are not limited to: lawsuits against the therapist; complaints, disciplinary proceedings, and reviews of professional conduct; reporting child abuse and neglect; and duty to warn of serious threat of imminent physical violence to oneself or a specific person or persons. Information may also be disclosed in the event of collection proceedings. Other exceptions to confidentiality include, but are not limited to, insurance reimbursement, communication with third-party payers, and court-mandated treatment. Good clinical practice sometimes requires consultation with other professionals. During such consultation, Dr. Smith will protect your identity. Dr. Smith's Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information (HIPAA statement) will be provided upon request or can be downloaded from <http://www.mesapsych.com/notice.pdf>.

Electronic communication: Email, Internet-based teleconferencing, telephone conversations, voicemail, and electronic message boards cannot be guaranteed to be secure or confidential. If you choose to communicate with Dr. Smith using electronic means, Dr. Smith assumes no responsibility for third parties who violate the Electronic Communications Privacy Act.

Emergencies: Dr. Smith does not carry a pager for emergency use. In the event of a mental health emergency, please call 911 or proceed to the nearest emergency department, then leave a voicemail message for Dr. Smith at **(303) 818-5162**.

Fee: Fee for service is **\$120 per 60 minutes**. Telephone consultations may be pro-rated based on this fee. Cancellations with less than 24 hours notice and missed appointments may be charged at the full fee. Collections proceedings may be initiated for accounts that are delinquent for more than 60 days.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client.

Signature of Patient(s)

Printed Name(s)

Shawn T. Smith, Psy.D.

Date