

FOOTHILLS COUNSELING ASSOCIATES

PATIENT INFORMATION

Name _____ Social Security # _____

Address _____

Telephone (H) () _____ (W) () _____ (C) () _____

City, State, Zip _____ Date of Birth ____-____-____ Sex _____

Marital Status _____ Emergency Contact Person _____

Name of Spouse or next of kin _____ Telephone () _____

Address _____ City _____ State _____ Zip _____

Allergies to Medications _____

Pharmacy _____ Telephone () _____

Family Doctor _____ Telephone () _____

EMPLOYMENT INFORMATION

Employed by _____

Address _____ City _____ State _____ Zip _____

I understand that I am financially responsible for all charges for services provided to me. I also understand that none of the services are covered under insurance plans, and I am responsible for all costs incurred as part of these services.

Sign _____ Date _____

I understand that I will be charged for all therapy sessions, telephone consultations, and emergency interventions performed between sessions. I also understand that payment is due at the time of service.

Signed _____ Date _____

Release of Information: For a variety of reasons, you may need to request a report be produced. We are happy to accommodate this process but, before it is mailed, we require a signed release and payment of the fee.

Signed _____ Date _____

I understand that I am required to give 72 hours notice in order to cancel a scheduled appointment or I will be charged for the time reserved.

Signed _____ Date _____

Emergency Services – Staff at Foothills Counseling will make every effort to return your calls promptly but we are limited in our ability to provide emergency services. If your call is a “Medical Emergency” please indicate such when leaving a message with the answering service and ask for the “Therapist on Call” to call you back as soon as possible. Please note that the “therapist on call” may or may not be the therapist that sees you in treatment. Please give all necessary information to the “Therapist on Call” so that he or she may help you as fully as possible. It is important that you go straight to the nearest emergency room if you feel your safety is in jeopardy. It is also important to note that patients who have their telephone caller ID blocked may make it impossible for the therapist to return their call. Please unblock that feature on your telephone when you want a call returned.

I understand that I am responsible for all charges incurred related to emergency services.

Signed _____ Date _____