

PSYCHOLOGICAL MANAGEMENT GROUP

PATIENT INFORMATION UNDER 18

Date _____

NAME _____ NICKNAME _____
Last First MI

SS # _____ AGE _____

ADDRESS _____ CITY _____ ZIP _____

E PHONE () _____ BIRTHDATE _____ Sex M F

CHILD PRIMARY RESIDENCY IS WITH Mom / Dad / Both / Other _____

EMERGENCY CONTACT _____	RELATIONSHIP _____
PHONE NUMBER () _____	
PRIMARY CARE PYSICIAN _____	PHONE NUMBER () _____

FATHER'S INFORMATION	
NAME _____	BIRTHDATE _____
Last First MI	
SS# _____	DR Lisc. # (w/ State) _____
ADDRESS _____	CITY _____ ZIP _____
PHONE () _____	
EMPLOYER'S NAME _____	WORK PHONE () _____
ADDRESS _____	CITY _____ ZIP _____

MOTHER'S INFORMATION	
NAME _____	BIRTHDATE _____
Last First MI	
SS# _____	DR Lisc. # (w/ State) _____
ADDRESS _____	CITY _____ ZIP _____
PHONE () _____	
EMPLOYER'S NAME _____	WORK PHONE () _____
ADDRESS _____	CITY _____ ZIP _____

INSURANCE CARRIER NAME _____	
ADDRESS _____	
POLICY # _____	
INSURANCE SIGNATURE _____	INSURANCE TELEPHONE _____

WHOM MAY WE THANK FOR REFERRING YOU?

I understand that as a courtesy, Psychological Mangement Grop may submitt insurance claims. All unpaid claims will be my responsibility.

Psychological Management Group
Office Policies

The following is a description of the rules we have adopted to ensure that the office runs smoothly and you receive high quality services. We look forward to working with you. If you have questions about a policy, please feel free to discuss it with your therapist.

Professional services are billed based upon the amount of time spent on your behalf. Charges are made for sessions, telephone conversations (other than conversations regarding appointment scheduling), predetermined contacts with others about your treatment, letter or report writing, and other professional activities requested by you.

Payment (or co-payment) is due at the time of each appointment unless other arrangements are made. Insurance claims are filed as a courtesy by PMG. However, if benefits can not be authorized and verified, insurance may not be accepted. You are responsible for paying the total balance of your account, and will be informed of any balance not paid by your insurance company.

Because your treatment requires that your therapist reserve time exclusively for your benefit, a 24-hour notice is requested if you need to miss an appointment. If you miss an appointment without canceling at least 24 hour in advance, you may be charged a \$30 fee.

If your child is being seen, we ask that you do not leave the premises when you bring him or her for an appointment. Office staff can not be responsible for supervising children in the reception area, and additional information is often required of the parent/guardian.

In a life or death emergency, please call 911. In other emergency situations, your provider can be reached through our answering service. If for any reason you are unable to reach your provider, please call the Hillsborough County Crisis Line at (813)272-1234.

I understand these policies and agree to comply with them.

Signature

Date



PSYCHOLOGICAL MANAGEMENT GROUP

15436 North Florida Ave. □ Suite 102 □ Tampa, FL 33613 □ (813) 963-1016

PATIENT'S/CLIENT'S INFORMED CONSENT

I have chosen to receive treatment services at PMG. If insured, these treatment services are under a benefit plan managed by my insurance carrier. My choice has been voluntary and I understand that I may terminate therapy at any time.

I understand that there is no assurance that I will feel better. Because psychotherapy is a cooperative effort between me and my therapist, I will work with my therapist in a cooperative manner to resolve my difficulties.

I understand that during the course of my treatment, material may be discussed which will be upsetting in nature and that this may be necessary to help me resolve my problems.

I understand that records and information collected about me will be held or released in accordance with state laws regarding confidentiality of such records and information.

I understand that state and local laws require that my therapist report all cases of abuse or neglect of minors or vulnerable adults.

I understand that state and local laws require that my therapist report all cases in which there exists a danger to self or others.

I understand that there may be other circumstances in which the law requires my therapist to disclose confidential information.

I understand that I may be contacted by my insurance carrier to ensure continuity and quality of my treatment, and/or after the completion of treatment, to assess the outcome of treatment.

I have read and had explained to me the basic rights of individuals whose benefit plans are managed by my insurance carrier. These rights include:

1. The right to be informed of the various steps and activities involved in receiving services.
2. The right to confidentiality under federal and state laws relating to the receipt of services.
3. The right to humane care and protection from harm, abuse, or neglect.
4. The right to make an informed decision whether to accept or refuse treatment.
5. The right to contact and consult with counsel at my expense.
6. The right to select practitioners of my choice at my expense.

I also agree to pay PMG for all services rendered and attest that I have been notified of said charges. In the event that provided services are converted by private insurance, I hereby assign such benefits to PMG under said policy and I agree to pay co-payment amounts which are my responsibility. I permit a copy of this signature to be used in place of the original on the claim form. Should my account fall into arrears, I agree to pay costs should this matter be referred to an attorney or a collection agency. I further consent to the release of information necessary to obtain payment. I understand that my therapist may disclose any and all records pertaining to my treatment to my insurance representatives (and to my primary care physician), if such disclosure is necessary for claims processing, case management, quality assurance or utilization review purposes. In addition, information to be kept anonymous may be made available to qualified personnel for research, audit, or program evaluation. I understand that I can revoke my consent at any time except to the extent that treatment has already been rendered or that action has been taken in reliance on this consent, and that if I do not revoke this consent, it will expire automatically one year after all claims for treatment have been paid as provided in the benefit plan.

I have read and understand the above.

_____	_____	_____	_____
Signature of Patient/Client	Date	Signature of Parent, guardian, or authorized representative	Date
_____	_____		
Signature of Witness	Date		



PSYCHOLOGICAL MANAGEMENT GROUP

15436 North Florida Ave. □ Suite 102 □ Tampa, FL 33613 □ (813) 963-1016
Fax (813) 961-6591 □ E-Mail: pmg@ij.net

About Charles Allen

Charles Allen is a psychotherapist - trained in therapy methods to help individuals manage a variety of mental health and daily living problems toward improvement of overall functioning. His role is to do talk therapy. Therapy occurs after specific problem identification and specific goal setting. You and he work together toward problem resolution and accomplishment of goals.

He has been in practice for over 20 years - 14 of them in this office. He has extensive experience in treating people from all walks of life. Positive or specific results from psychotherapy treatment are not guaranteed.

You may choose to consider medication as a method of helping you toward symptom reduction or mood improvement; in that case he can assist you in making that choice. Psychotherapy and use of medication can be done at the same time and can be an effective choice for many people.

He is not a physician or psychiatrist who prescribes medication. Also, he is not a psychologist who might do an in-depth assessment, in-depth evaluation, or a diagnostic work-up. If you need one of those services he will help to make a referral for you.

His initial therapy notes are very brief. Progress notes after that are limited to a basic description of the results of that session and the goal(s) of the next session.

IMPORTANT: He will not be documenting information for your use in a court of law – this includes but is not limited to cases of divorce, child custody, short or long term disability. He will not be able to document or fill out paperwork for your short or long term disability case either for your employer, your human resources department, your lawyer, or for you personally.

He does follow the office policy regarding cancellations. Please be prepared to pay the no show fee of \$30 while on the phone if calling to reschedule a session you have missed or did not give proper 24 hour notice. Please do not put the secretary in the uncomfortable position of having to ask for the payment, let her know that you are ready to make the payment and do so at that time.

"I am making a commitment to you in scheduling an appointment for you and I expect you to make that same commitment."

By signing below you confirm that you have read, had opportunity to ask questions about, and understand the above information.

Client Signature

Date

Witness Signature

Date

Psychological Management Group, P.A.
15436 N. Florida Avenue, Ste 102
Tampa, FL 33613
813-963-1016
Fax: 813-961-6591

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received and had an opportunity to ask questions concerning the above named practice's Notice of Privacy Practices.

Dated: _____

Patient or Patient's Representative Signature

Print Patient's Name: _____

If signed by Representative, Print
Representative's Name: _____

Relationship to Patient: _____



PSYCHOLOGICAL MANAGEMENT GROUP

15436 North Florida Ave. • Suite 102 • Tampa, FL 33613 • (813) 963-1016

Name: _____

Date: _____

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Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select the one of the squares that best describes HOW MUCH DISCOMFORT THAT PROBLEM HAS CAUSED YOU DURING THE PAST MONTH, INCLUDING TODAY. Do

	Extremely	Quite a Bit	Moderately	A Little Bit	Not At All		Extremely	Quite a Bit	Moderately	A Little Bit	Not At All
Nervousness or shakiness inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeling afraid to travel on buses, subways, or trians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faintness or dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trouble getting your breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The idea that someone else can control your thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot or cold spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling others are to blame for most of your troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Having to avoid certain things, places, or activities because they frighten you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble remembering things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Your mind going blank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling easily annoyed or irritated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Numbness or tingling in parts of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pains in heart or chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The idea that you should be punished for your sins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling afraid in open spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts of ending your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling that most people cannot be trusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeling weak in parts of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeling tense or keyed up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suddenly scared for no reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thoughts of death or dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temper outbursts that you could not control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Having urges to beat, injure, or harm someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling lonely even when you are with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Having urges to break or smash things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling blocked in getting things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeling very self-conscious with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeling uneasy in crowds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Never feeling close to another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling no interest in things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spells of terror or panic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Getting into frequent arguments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your feelings being easily hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeling nervous when you are left alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling that people are unfriendly or dislike you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Others not giving you proper credit for your achievements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling inferior to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeling so restless you couldn't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea or upset stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feelings of worthlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling that you are watched or talked about by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feeling that people will take advantage of you if you let them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feelings of guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having to check and doublecheck what you do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The idea that something is wrong with your mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						