

Intake Form

Client Information

Name of Client: _____ Date of 1st Visit _____

Date of Birth _____ Age _____ Marital Status _____

Address

Town/City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail Address _____

Household Members:

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

If client is a student: Name of school _____ Grade _____

From whom or where did you receive my name? _____

Name of Physician _____ Town/City _____

Medications _____

Have you received mental health care in the past? Yes _____ No _____

Insurance Information

Name of policy holder _____ Policy holder's DOB: _____

Pre-Authorization # (if required) _____

Agreements

If client is a minor: I authorize Michael R. Kandle, Psy.D. to treat my minor child(ren):

Name(s) _____

Guardian's Signature

Date

Insurance Authorizations: I authorize Michael R. Kandle, Psy.D. to bill my insurance company and to have benefit payments assigned to him. If my insurance company requires clinical information in order to authorize treatment or process my claim, I consent to this information being released as well. My consent can be rescinded in writing to Dr. Kandle at any time if desired.

Sign/Date

Late Cancellation or No Show Policy: I acknowledge that Dr. Kandle has a 24-hour notice requirement for cancellations. For appointments cancelled with less than 24-hours, or for missed appointments, I agree to pay a \$70 fee. Exceptions are made for hazardous driving conditions.

_____ Please initial to signify agreement

**TRUST AGREEMENT
AND INFORMED CONSENT**

Psychotherapy requires a lot of trust and trustworthiness in order to be safe and effective. Some of this trust is blind, in the sense that clients must start by assuming that their therapists are honest, ethical, law-abiding, confidential, and will offer assistance safely and without exploitation. The rest of the trust must be earned, by demonstrating that a client can speak openly about sensitive personal matters without being judged, harmed or mistreated by their therapist. My commitment is to remain trustworthy to my clients both on the scene and behind the scene. That is my word of promise to you in your treatment with me.

But more is required of me than my promise. Mental health services have become increasingly regulated by entities outside of the therapy office – professional associations, state laws and regulations, federal statutes, and insurance companies. Each of these institutions requires the disclosure of a range of information that is referred to as “Informed Consent.”

The Informed Consent materials for my practice are available in three locations: 1) my waiting room practice manual, 2) my website, and 3) on paper upon request. Because these materials are comprehensive and lengthy, it is not realistic to review them all during our initial meeting and still have time left to talk about your needs. That is why I have created this Trust Agreement for you to read and sign. While it is a short cut to save time, it is not intended to be a substitute for you to review the full Informed Consent document prior to our first meeting, or refer to as we proceed.

I encourage you to examine these documents and to ask me about any issues or questions you may have concerns about.

Your signature below, acknowledges that all of this information has been made available to you before your treatment has been initiated.

Sign _____ Date _____