



Centennial Park Counseling, PLC

2828 Kraft Avenue SE, Suite 186
Grand Rapids, MI 49512-2076
616.949.9550

Thank you for calling Centennial Park Counseling for an appointment. We look forward to serving you. We are confident your time with us will prove encouraging and helpful.

Please fill out the enclosed forms and bring them along with you to your first appointment. This will save valuable time and give us more time to discuss your needs.

Our office is conveniently located in the Image Building on 28th Street just a short distance off of the I-96 expressway. Take I-96 toward Lansing to the East 28th Street exit; go straight for just a few short blocks to Kraft Avenue, the office is located on the southeast corner of 28th Street and Kraft Avenue.

Name: Centennial Park Counseling
Address: 2828 Kraft Ave. SE, Suite 186
Grand Rapids, MI 49512-2076

Phone #: 616.949.9550 **Fax:** 616.949.9551

When coming for an appointment please use the front entrance to the building. Check in with the receptionist and she will inform you of our office location and us of your arrival. Due to confidentiality you may choose not to give your name but just state that you are here for an appointment with Centennial Park Counseling. When you arrive in our office please check in with our secretary and then wait in our client waiting area. Your therapist will personally come to greet you and show you to the office.

Because our building is secured if appointments are after 5:30pm come to the main entrance and wait in the outer lobby as the main building will be locked. Your therapist will be there at the designated time or shortly thereafter to open the door. You may choose to call your therapist on the lobby phone to advise of your arrival.

Do note this campus is a smoke free environment; please extinguish cigarettes in your vehicle.

Sincerely,

Jan Bentley

Jan Bentley, PsyD, LMSW, ACSW
Executive Director

CPC

Providing help and hope with compassion, skill and integrity

www.centennialparkcounseling.com

Centennial Park Counseling PLC
Jan Bentley, PsyD, LMSW, ACSW
2828 Kraft Ave. SE, Suite 186
Grand Rapids, MI 49512
616.949.9550

CONSENT FOR SERVICES AND FEE AGREEMENT

Thank you for choosing me as your counselor at this point in your personal growth process. I am pleased to have this opportunity and am committed to giving you the best care possible. To acquaint you further with the procedures and policies of my practice I am providing you with the following information. Please sign below, indicating your acceptance of the following terms:

Practice: I have my Doctor of Psychology degree and am a Licensed Master Social Worker in the State of Michigan. I work with adolescents, adults, marriages and families. My goal is to assist you in understanding the particular problems that bring you here and help you find a way to resolve them.

Office Hours: My office staff provides receptionist services from 9:00a.m.-5:00p.m. on Monday through Thursday and from 9:00am to 3:00pm on Friday. You may leave a message via voicemail with me or my office manager by using the directory on the voice mail menu. I will make every effort to return your call within the working business day. If I am unable to reach you please call again. If for any reason your personal circumstances change in a way that affects your ability to pay or you have a change in home address or phone number please contact my office staff immediately.

Appointments/Missed Appointments: Services are by appointment only. Scheduling appointments is generally done upon mutual agreement between you and me or may be made by your calling the office at 616.949.9550 or 616.942.7331. If you need to cancel an appointment please call the office as soon as possible. Appointments cancelled with less than 24 hour notice may be billed to you. **Please note** that insurance companies **do not** cover missed appointments. Allowances are made for emergencies.

Confidentiality: Your trust in me is extremely important. Your client records are my personal property and shall be treated as confidential. Please note that all client charts are kept for seven years following your closing date from counseling here at Centennial Park Counseling. After this time, records are destroyed. All information shared in session is confidential **except in circumstances governed by the laws including the mandatory reporting of alleged harm to self or others.** If I believe a consultation with another professional is important for your care, your confidentiality is protected under the "Privacy Practices" mandated by HIPAA (Health Insurance Portability and Accountability Act of 1996).

Emergencies: In case of a true emergency/crisis situation, please call 911 or go to the emergency room of a local hospital. I will give you a telephone number to call in an emergency but only in the case of an emergency. If you receive a voicemail make it clear that there is an emergency and leave your contact number. I will make every effort to respond to you as soon as possible.

Financial Responsibility: The charge for a full session (45-55 minutes) is \$120.00; a half session (20-30 minutes) is \$60.00. An initial evaluation is \$180.00 with additional charges for any testing. **Charges for extended phone calls and other services will be based upon the above charges for the time it takes to complete them.** If I am contracted with your insurance company, then contracted rates apply. You are fully responsible for payment of all services rendered to you. I will bill your insurance company if I can verify benefits. Full payment is expected at the time of service, unless I am a contracted provider for your insurance company. In the event that your insurance company denies coverage, you will be responsible for the full charge. I accept cash, check, and credit card payments with Visa and MasterCard. **Please make all checks out to;**

Dr. Jan Bentley. Some insurance companies require an individual therapist to be supervised by a Licensed Psychologist, in which case you will be billed under the name Dr. Randall Herrema and charged the psychologist's rate of \$180 for the initial evaluation and \$120 per following full sessions. Upon review a service charge of \$5.00 per month may be added to all unpaid balances over 30 days.

I will be happy to answer any questions you may have concerning my policies. I am looking forward to serving you.

Client Signature

Date

Person responsible for payment (if other than client)

Centennial Park Counseling PLC

Randall Herrema, PsyD

2828 Kraft Ave. SE, Suite 186

Grand Rapids, MI 49512

616.949.9550

CONSENT FOR SERVICES AND FEE AGREEMENT

To acquaint you further with the procedures and policies of my practice, I am providing you with the following information. Please sign below, indicating your acceptance of these terms:

Practice: I am a fully licensed psychologist and the Clinical Director of Centennial Park Counseling. I work with adolescents, adults, marriages and families. My goal is to assist you in understanding the particular problems that bring you here and help you find a way to resolve them.

Office Hours: My office staff provides receptionist services from 9:00a.m.-5:00p.m. on Monday through Thursday and from 9:00am to 3:00pm on Friday. You may leave a message via voicemail with me or my office manager by using the directory on the voice mail menu. I will make every effort to return your call within the working business day. If I am unable to reach you please call again. If for any reason your personal circumstances change in a way that affects your ability to pay or you have a change in home address or phone number please contact my office staff immediately.

Appointments/Missed Appointments: Services are by appointment only. Scheduling appointments is generally done upon mutual agreement between you and me or may be made by your calling the office at 616.949.9550 or 616.942.7331. If you need to cancel an appointment please call the office as soon as possible. Appointments cancelled with less than 24 hour notice may be billed to you. **Please note** that insurance companies **do not** cover missed appointments. Allowances are made for emergencies.

Confidentiality: Your trust in me is extremely important. Your client records are my personal property and shall be treated as confidential. Please note that all client charts are kept for seven years following your closing date from counseling here at Centennial Park Counseling. After this time, records are destroyed. All information shared in session is confidential **except in circumstances governed by the laws including the mandatory reporting of alleged harm to self or others.** If I believe a consultation with another professional is important for your care, your confidentiality is protected under the "Privacy Practices" mandated by HIPAA (Health Insurance Portability and Accountability Act of 1996).

Emergencies: In case of a true emergency/crisis situation, please call 911 or go to the emergency room of a local hospital. I will give you a telephone number to call in an emergency but only in the case of an emergency. If you receive a voicemail make it clear that there is an emergency and leave your contact number. I will make every effort to respond to you as soon as possible.

Financial Responsibility: The charge for a full session (45-55 minutes) is \$120.00; a half session (20-30 minutes) is \$70.00. An initial evaluation is \$180.00 with additional charges for any testing. **Charges for extended phone calls and other services will be based upon the above charges for the time it takes to complete them.** If I am contracted with your insurance company, then contracted rates apply. You are fully responsible for payment of all services rendered to you. I will bill your insurance company if I can verify benefits. Full payment is expected at the time of service, unless I am a contracted provider for your insurance company. In the event that your insurance company denies coverage, you will be responsible for the full charge. I accept cash, check, and credit card payments with Visa and MasterCard. Upon review a service charge of \$5.00 per month may be added to all unpaid balances over 30 days.

I will be happy to answer any questions you may have concerning my policies. I am looking forward to serving you.

Client Signature

Date

Person responsible for payment (if other than client)

Centennial Park Counseling PLC

Michael Forrest PhD, NCC, LPC

2828 Kraft Ave. SE, Suite 186

Grand Rapids, MI 49512

616.949.9550

CONSENT FOR SERVICES AND FEE AGREEMENT

To acquaint you further with the procedures and policies of my practice, I am providing you with the following information. Please sign below, indicating your acceptance of these terms:

Practice: I am a Licensed Professional Counselor with National Board Certification in my field. I have a passion to help struggling, confused, conflicted, grieving, and angry individuals, couples, families, and organizations find help and hope.

Office Hours: My office staff provides receptionist services from 9:00a.m.-5:00p.m. on Monday through Thursday and from 9:00am to 3:00pm on Friday. You may leave a message via voicemail with me or my office manager by using the directory on the voice mail menu. I will make every effort to return your call within the working business day. If I am unable to reach you please call again. If for any reason your personal circumstances change in a way that affects your ability to pay or you have a change in home address or phone number please contact my office staff immediately.

Appointments/Missed Appointments: Services are by appointment only. Scheduling appointments is generally done upon mutual agreement between you and me or may be made by your calling the office at 616.949.9550 or 616.942.7331. If you need to cancel an appointment please call the office as soon as possible. Appointments cancelled with less than 24 hour notice may be billed to you. **Please note** that insurance companies **do not** cover missed appointments. Allowances are made for emergencies.

Confidentiality: Your trust in me is extremely important. Your client records are my personal property and shall be treated as confidential. Please note that all client charts are kept for seven years following your closing date from counseling here at Centennial Park Counseling. After this time, records are destroyed. All information shared in session is confidential **except in circumstances governed by the laws including the mandatory reporting of alleged harm to self or others.** If I believe a consultation with another professional is important for your care, your confidentiality is protected under the "Privacy Practices" mandated by HIPAA (Health Insurance Portability and Accountability Act of 1996).

Emergencies: In case of a true emergency/crisis situation, please call 911 or go to the emergency room of a local hospital. I will give you a telephone number to call in an emergency but only in the case of an emergency. If you receive a voicemail make it clear that there is an emergency and leave your contact number. I will make every effort to respond to you as soon as possible.

Financial Responsibility: The charge for a full session (45-55 minutes) is \$120.00; a half session (20-30 minutes) is \$70.00. An initial evaluation is \$180.00 with additional charges for any testing. **Charges for extended phone calls and other services will be based upon the above charges for the time it takes to complete them.** If I am contracted with your insurance company, then contracted rates apply. You are fully responsible for payment of all services rendered to you. I will bill your insurance company if I can verify benefits. Full payment is expected at the time of service, unless I am a contracted provider for your insurance company. In the event that your insurance company denies coverage, you will be responsible for the full charge. I accept cash, check, and credit card payments with Visa and MasterCard. **Please make all checks out to Centennial Park Counseling.** Some insurance companies require an individual therapist to be supervised by a Licensed Psychologist, in which case you will be billed under the name Dr. Randall Herrema. Upon review a service charge of \$5.00 per month may be added to all unpaid balances over 30 days.

I will be happy to answer any questions you may have concerning my policies. I am looking forward to serving you.

Client Signature

Date

Person responsible for payment (if other than client)

Centennial Park Counseling PLC

2828 Kraft Ave. SE, Suite 186

Grand Rapids, MI 49512

616.949.9550

CONSENT FOR SERVICES AND FEE MASTER'S DEGREE AGREEMENT

To acquaint you further with the procedures and policies of our practice, we are providing you with the following information. Please sign below, indicating your acceptance of these terms:

Practice: All of our therapists are professionally trained and hold either a Master's or Doctor's degree or both. They are licensed by the State of Michigan and seek to give professional, quality care. We are here to serve you. If for any reason your personal circumstances change in a way that affects your ability to pay or you have a change in home address or phone number please contact our office staff immediately.

Office Hours: Our office staff provides receptionist services from 9:00a.m.-5:00p.m. on Monday through Thursday and from 9:00am to 3:00pm on Friday. You may leave a message via voicemail with your therapist or our office manager by using the directory on the voice mail menu. We will make every effort to return your call within the working business day. If we are unable to reach you please call again.

Appointments/Missed Appointments: Services are by appointment only. Scheduling appointments is generally done upon mutual agreement between you and your therapist or may be made by your calling the office at 616.949.9550 or 616.942.7331. If you need to cancel an appointment please call the office as soon as possible. Appointments cancelled with less than 24 hour notice may be billed to you. **Please note** that insurance companies **do not** cover missed appointments. Allowances are made for emergencies.

Confidentiality: Your trust in us is extremely important. Your client records are personal property of your therapist and shall be treated as confidential. Please note that all client charts are kept for seven years following your closing date from counseling here at Centennial Park Counseling. After this time, records are destroyed. All information shared in session is confidential **except in circumstances governed by the laws including the mandatory reporting of alleged harm to self or others**. If we believe a consultation with another professional is important for your care, your confidentiality is protected under the "Privacy Practices" mandated by HIPAA (Health Insurance Portability and Accountability Act of 1996).

Emergencies: In case of a true emergency/crisis situation, please call 911 or go to the emergency room of a local hospital. Your therapist will give you a telephone number to call in an emergency but only in the case of an emergency. If you receive a voicemail make it clear that there is an emergency and leave your contact number. We will make every effort to respond to you as soon as possible.

Financial Responsibility: You are fully responsible for all payments of services rendered to you. Full payment is expected at the time of service, unless your therapist is a contracted provider for your insurance company. We will bill your insurance company if we can verify your benefits. In the event that your insurance company denies coverage, you will be responsible for the full charge. **Please make checks payable to Centennial Park Counseling unless otherwise advised by your therapist.** We also accept cash and credit card payments with Visa and MasterCard. The charge for a full session (45-55 minutes) with a Master's Degree therapist is \$100.00; a half session (20-30 minutes) is \$50.00. An initial evaluation is \$165.00 with additional charges for any testing. **Charges for extended phone calls and other services will be based upon the above charges for the time it takes to complete them.** If your therapist is contracted with your insurance company, then contracted rates apply. Some insurance companies require an individual therapist to be supervised by a Licensed Psychologist, in which case you will be billed under the name Dr. Randall Herrema and charged the psychologist's rate of \$180 for the initial evaluation and \$120 per following full sessions. Upon review a service charge of \$5.00 per month may be added to all unpaid balances over 30 days.

We will be happy to answer any questions you may have concerning our policies. We are looking forward to serving you.

Client Signature

Date

Person responsible for payment (if other than client)

Policy 3/2009

Centennial Park Counseling PLC

2828 Kraft Ave SE Suite 186
Grand Rapids, Mi 49512

Client Registration

Name: _____ Sex: M F Age: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In the event that I may need to contact you or return your call, may I leave a message? Yes ___ No ___

On an answering machine? Yes ___ No ___ with another person at the number? Yes ___ No ___

E-Mail Address: _____ Social Security #: _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed

Employer: _____

Spouse's Name: _____ Employer: _____

Religious Affiliation (optional): _____

Emergency Contact Person: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

How did you hear about Centennial Park Counseling? _____

May I acknowledge your referral? _____

Primary Insurance Company: _____ Policy #: _____ Group #: _____

Name of policy holder: _____ Social Security #: _____

Phone Number: (____) _____ Date of Birth: _____ Relationship to Client: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Address: _____

Secondary Insurance Company: _____ Policy #: _____ Group #: _____

Name of policy holder: _____ Social Security #: _____

Phone Number: (____) _____ Date of Birth: _____ Relationship to Client: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Address: _____

Person responsible for bill (if other than client):

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Please note: If your insurance company requires prior authorization for mental health services, you are responsible for contacting them for initial authorization. Any services that are denied due to lack of authorization will be your responsibility.

Centennial Park Counseling PLC

2828 Kraft Ave. SE Suite 186

Grand Rapids, MI 49512

PF 1000 NOTICE OF PRIVACY PRACTICES

As required by the Privacy Regulations Created as a Result of the Health Portability and Accountability Act of 1996. (HIPPA)

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU (AS A CLIENT IN THIS PRACTICE) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Our Commitment to Your Privacy.

Our practice is committed to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide for you. We are required by law to maintain the confidentiality of health information that identifies you. We are also required by law to provide you with this notice of our legal duties and the privacy practices we maintain in our practice concerning your PHI. By federal and state law, we must follow the terms of the notice that we have in effect at the time.

II. Uses and Disclosures

Treatment. Your PHI may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing clinical conditions, and providing treatment. An example of treatment would be when we consult with another health care provider, such as your family physician or another professional counselor.

Payment. Your PHI may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the clinical condition being treated.

Health care operations. Your PHI may be used as necessary to support the day-to-day activities and management of Centennial Park Counseling. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your PHI may be disclosed to federal, state or local law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your PHI may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Appointments. Your PHI will be used by our staff to contact you to schedule an appointment, remind you of an appointment, reschedule an appointment, or notify you of other pertinent information. The contact may be made by phone, U.S. mail, email or texting.

Informative Information. Your PHI may be used to send you information on the treatment and management of your psychological/medical condition that you may find to be of interest. We may also send you information describing their psychological/health-related goods and service that we believe may interest you.

III. Personal Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your PHI. However, we are not required to agree to a restriction you request.
- The right to receive confidential communications concerning your psychological/medical condition and treatment.
- The right to amend or submit corrections to your protected health information.
- The right to receive a printed copy of this notice.
- The right to file a complaint.
- The right to inspect and/or copy your PHI that may be used to make decisions about you, including client psychological/medical records and billing records, but not including psychotherapy notes. The client's provider can provide a summary of the client's PHI if in the professional judgment of the client's provider, providing the client with unlimited access to his/her PHI would cause emotional/mental distress or endanger the life or physical safety of the client or another person. A client does not have the right to access Psychotherapy Notes relating to him/her except (i) to the extent the client's treating professional approves such access in writing; or (ii) the client obtains a court order authorizing such access. A provider has 30 days to reply.

IV. Requests to Inspect PHI

As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our Office Manager at Centennial Park Counseling (616-949-9550). We may deny your access to PHI under certain circumstances, but in many cases you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.

V. Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any records that we may create or maintain in the future. We will post a copy of our current Notice in a visible location in our office at all times, and you may request a copy of our most current at any time.

VI. Complaints

If you are concerned that your privacy rights have been violated and you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter (all complaints must be in writing) outlining your concerns to:

Centennial Park Counseling
Dr. Jan Bentley LMSW, ACSW
2828 Kraft Avenue SE, Suite 186
Grand Rapids, MI 49512

Or contact the Secretary of the Department of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

VII. Contact Person

The person you can contact for further information concerning our privacy practices is:

Jan Bentley, LMSW, ACSW
Centennial Park Counseling
2828 Kraft Avenue SE, Suite 186
Grand Rapids, MI 49512
616-949-9550

Centennial Park Counseling PLC

2828 Kraft Ave. SE Suite 186

Grand Rapids, MI 49512

PF 2000 Consent to Use and Disclosure of Protected Health Information

Uses and Disclosure of Your Protected Health Information

Your protected health information will be used by Centennial Park Counseling or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.

Notice of Privacy Practices

You should review the “**Notice of Privacy Practices**” for a more complete description of how your protected health information may be used or disclosed. You may review the notice prior to signing this consent.

Requesting a Restriction on the Use or Disclosure of your Information

You may request a restriction on the use or disclosure of your protected health information.

Centennial Park Counseling may or may not agree to restrict the use or disclosure of your protected health information.

If Centennial Park Counseling agrees to your request, the restriction will be binding on the practice. Use or disclosure of protected information in violation of an agreed upon restriction will be a violation of the federal privacy standards.

Revocation of Consent

You may revoke this consent to the use and disclosure of your protected health information. You must revoke this consent in writing. Any use or disclosure that has already occurred prior to the date on which your revocation of consent is received will not be affected.

Reservation of Right to Change Privacy Practices

Centennial Park Counseling reserves the right to modify the privacy practices outlined in the notice.

Signature

I have reviewed this consent form and received a copy of the Centennial Park Counseling “Notice of Privacy Practices” and give my permission to Centennial Park Counseling to use and disclose my health information in accordance with it.

Date

Name of Client (Print or Type)

Signature of Client Representative

Signature of Client

Relationship of Client Representative

Centennial Park Counseling PLC

2828 Kraft Ave. SE Suite 186

Grand Rapids, MI 49512

Client Intake Assessment

Name: _____ Age: _____ Date: _____

What circumstances have brought you to counseling at this point? _____

Please check any that apply: (All information is strictly confidential):

<input type="checkbox"/> Tired or fatigued	<input type="checkbox"/> Marital problems	<input type="checkbox"/> Work related problems
<input type="checkbox"/> Tension/anxiety	<input type="checkbox"/> Problems with children	<input type="checkbox"/> Eating problems
<input type="checkbox"/> Arguing with spouse	<input type="checkbox"/> Sexual concerns	<input type="checkbox"/> Depression
<input type="checkbox"/> Feelings of guilt	<input type="checkbox"/> Alcohol/drug use problems	<input type="checkbox"/> Anger
<input type="checkbox"/> Trouble sleeping	<input type="checkbox"/> Bothersome physical pain	<input type="checkbox"/>
Other _____		

Duration of problem(s): _____ the last month, _____ 1-6 months, _____ 6-12 months, _____ longer than a year.

Severity of problem(s): _____ mild, _____ moderate, _____ severe, _____ very severe.

Previous Counseling: Inpatient (place and dates)

Outpatient (place and dates)

FAMILY BACKGROUND:

General feeling about childhood years: _____ good, _____ average, _____ poor, _____ very poor.

Relationship to father as a child: _____ good, _____ average, _____ poor, _____ very poor.

Relationship to mother as a child: _____ good, _____ average, _____ poor, _____ very poor.

Relationship to siblings as a child: _____ good, _____ average, _____ poor, _____ very poor.

RELIGIOUS BACKGROUND AND PRACTICE:

Religious upbringing: _____ nonexistent, _____ attending church, _____ belief in God, _____ other.

Present practice: _____ inactive, _____ active, _____ searching, _____ other.

MARITAL/FAMILY/SOCIAL RELATIONSHIPS:

_____ single, _____ married, _____ separated, _____ divorced

_____ widowed, _____ single parent, _____ blended family

Marital satisfaction: _____ satisfied, _____ okay, _____ dissatisfied

Parenting together: _____ satisfied, _____ okay, _____ dissatisfied

In-law relationships: _____ satisfied, _____ okay, _____ dissatisfied

Friendships: _____ satisfied, _____ okay, _____ dissatisfied

EMPLOYMENT/CAREER

_____ unemployed, _____ disabled, _____ stable,

_____ changed a lot, _____ changing careers

Current Work: _____ satisfied, _____ okay, _____ dissatisfied

Desire to change jobs: _____ yes, _____ no

Satisfaction with career goals: _____ satisfied, _____ okay, _____ dissatisfied

FINANCES

Overall stress level: _____ high, _____ medium, _____ low

Ability of meet daily expenses: _____ yes, _____ no

Amount of debt: _____ none, _____ low, _____ medium, _____ high

Future outlook: _____ good, _____ okay, _____ poor, _____ very poor

EDUCATION

Highest level completed: _____ high school, _____ attended college or technical school,

_____ college degree, _____ graduate degree, _____ other _____

Desire to further education: _____ yes, _____ no

VITAL MEDICAL INFORMATION

Your physician(s): 1) _____ Phone: _____

2) _____ Phone: _____

Date last seen by doctor: _____ Last complete physical: _____

Any lab tests in the past 12 months? _____

Any medicine allergies/reactions or sensitivities? _____

Any food or other allergies or sensitivities? _____

Please list all medications you are now taking:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

List any vitamins or herbal remedies you take: _____

Medical Conditions/Symptoms:

Please mark ALL the following that apply to you.

Put a "P" for past, and/or a "C" for current conditions:

- _____ High blood pressure
- _____ Fainting/loss of consciousness
- _____ Seizures (even in childhood)
- _____ Severe head injury
- _____ "Brain fever" or meningitis
- _____ Severe or unusual headaches
- _____ Eye or visual problems
- _____ Hearing problem
- _____ Thyroid condition
- _____ Allergies (pollen/dust/etc.)
- _____ Asthma (even in childhood)
- _____ Rashes or itching
- _____ Diabetes
- _____ Low blood sugar
- _____ Feeling chilly, or warmish often
- _____ Anemia or blood disorder
- _____ Chronic cough or lung disease
- _____ Heart condition
- _____ Tingling or numbness
- _____ Walking difficulties
- _____ Dizziness/lightheadedness
- _____ Tumor, cancer
- _____ Worsening aches/pains
- _____ Jaundice/liver trouble
- _____ Stomach or bowel trouble
- _____ Blood in urine or stools
- _____ Disease of male/female organs
- _____ Kidney, bladder, or prostate problems
- _____ Sexually transmitted disease
- _____ Snoring or other sleep disorder

Family Medical History: (Have any blood relatives had any of the following?)

- Diabetes _____
- Heart disease under 55 years _____
- Thyroid condition _____
- Suicide attempts/successes _____
- Alcoholism _____
- Depression/Anxiety _____
- Alzheimer's/dementia _____
- Any hereditary disease _____
- Other: _____

Habits:

Do you smoke? _____ In the past? _____
How much? _____ How long? _____

Do you take alcohol? _____
Average number of drinks per week? _____

Do you use "recreational" drugs? _____
Did you in the past? _____

Were you ever told you were taking too much alcohol or drugs? _____

Check any of the following which apply to you at current time:

- Always tired
- Poor appetite
- Trouble getting to sleep
- Waking up during the night
- Lack of energy
- Unable to enjoy life
- Can't concentrate
- Loss of sexual interest
- Can't make decision
- Lacking in motivation
- Feeling worthless
- Loss of meaning to life
- Unresolved grief
- Avoid contact with friends
- Feelings easily hurt
- Don't feel like being alone
- Losing weight
- Frequent thoughts about death
- Loneliness
- Nightmares
- Reliving past events
- Feeling fearful
- Quick to startle
- Unable to relax
- Feeling irritable/on edge
- Angry outbursts
- Restless, tense
- Fast heartbeat
- Feeling panicky
- Shy with people
- Dizzy, lightheaded
- Nausea, stomach problems
- Trouble swallowing
- Angry at God
- Unable to experience God's love and forgiveness
- Other _____