

Office Account Number _____

APPLICATION FOR SERVICES
Not for use in forensic/legal cases

Name _____ Date _____

Address _____
(Street) (City) (ZIP Code)

Telephone _____
(Home) (Mobile) (Work)

“Expressly Permitted Access” Email _____

Birth Date ___/___/___ Age _____ Social Security No XXX-XX-_____

Employer _____ Date Hired _____

Parents & Siblings: Age, Education, Occupation, Job Status & Health _____

Spouse/Partner: Name, Age, Education, Occupation, Job Status & Health _____

Children: Name, Age, Gender & Health Status _____

Please check & provide all the names of people who should be incorporated in your services here:

Physician Spouse Psychiatrist Sibling Attorney Life Partner Employer Trustee Other

Name(s) _____

Referred by _____

(Name, Phone, Fax, Email)

Primary Care Physician &/or Health Care Specialist’s name, telephone, fax, email address & diagnosis

Please list all psychological or mental health care. Include A.D.D. testing & coaching, personal or group counseling, psychotherapy, psychological and vocational testing, and medication management services.

Provider Name	Started - Ended	Type of Service	Outcome

Yes No Nicotine – Frequency/per day _____

Yes No Alcohol – Beverage type/Frequency/per month _____

Yes No Caffeine – Beverage type/Frequency/per day _____

Yes No Illegal Substances – Frequency/per month (current use only) _____

Yes No Medication & Details _____

Exercise routine _____

Current recreation/hobbies _____

Please check the types of service you want with your reasons & your goals.

A.D.D. Assessment _____

Vocational Testing _____

Vocational Services _____

Workplace Issues and/or A.D.A. _____

Other: _____

Please provide legible **photocopies** and **written lists** of relevant and contextual background information including items such as a written A.D.D. history, a **resume**, previous psychological reports or testing data, educational and employment records, significant hobby/recreation activity lists, work samples, an artwork portfolio, craft project list, and/or a list of volunteer positions. Thank you.

High School, City, GPA, and Graduation Date _____

Post High School Education &/or Military _____

Whenever the space provided here is too small, please attach additional pages.

