

Please complete the information below. However, refrain from signing until you have read the Services and Fee Agreement and understand the information. You will have an opportunity to read this agreement in our office when you arrive a few minutes prior to your first appointment. Your signature below indicates that you have read the Services and Fee Agreement and also serves as acknowledgement that you have received the HIPAA Notice form.

I have read and understand the Services and Fee Agreement. I agree to the statements and the terms of payment.

Signature of Parent / Responsible Party

Date

Print Signatory Name Legibly

CHILD INFORMATION AND CONSENT FOR SERVICES

Child's Name _____ Grade _____ Age _____ Birth date _____ Phone _____
 Street Address _____ City _____ State _____ Zip _____
 School _____ School Phone _____ Teacher _____ Counselor _____
 Physician _____ Physician Phone _____ Current Medications _____

PARENT / FAMILY INFORMATION	MOTHER	FATHER	STEPMOTHER	STEPFATHER	SIBLINGS
Name and Age					
Highest Education Level					
Occupation					
Place of Employment					
Work Phone					
Cell Phone					
E-mail Address					
Home Phone & Address, if different from Child					

I voluntarily agree to have my child participate in psychological services.

Signature of Parent / Responsible Party

Date

Please complete other side.

1. Has your child had previous therapy or testing? yes no
Dates of treatment: _____ Therapist name and address:

2. What are the main reasons for seeking services at this time? _____

3. What efforts have you made to deal with these concerns? _____

4. Please describe your child's diet: _____

5. Does he/she engage in regular exercise? yes no

6. Please check all symptoms that are currently problems for your child - or ask your child to complete if they are able.

- | | | |
|--|--|---|
| <input type="checkbox"/> anger | <input type="checkbox"/> fears and phobias | <input type="checkbox"/> obsessive thinking |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> flashbacks | <input type="checkbox"/> procrastination |
| <input type="checkbox"/> aggressive behavior | <input type="checkbox"/> headache | <input type="checkbox"/> perfectionism |
| <input type="checkbox"/> attention problems | <input type="checkbox"/> impulsive behavior | <input type="checkbox"/> panic |
| <input type="checkbox"/> compulsive behavior | <input type="checkbox"/> irritability | <input type="checkbox"/> stress |
| <input type="checkbox"/> depression | <input type="checkbox"/> learning problems | <input type="checkbox"/> seasonal mood |
| <input type="checkbox"/> disorganization | <input type="checkbox"/> moodiness | <input type="checkbox"/> worry |
| <input type="checkbox"/> eating problems | <input type="checkbox"/> negativity | <input type="checkbox"/> passing out |
| <input type="checkbox"/> sleep problems | <input type="checkbox"/> social anxiety | <input type="checkbox"/> dizziness |
| <input type="checkbox"/> stomach pains | <input type="checkbox"/> problems w/ friends | <input type="checkbox"/> love relationship concerns |
| <input type="checkbox"/> sexuality concerns | <input type="checkbox"/> marital problems | <input type="checkbox"/> abuse in past or present |
| <input type="checkbox"/> tiredness | <input type="checkbox"/> family problems | <input type="checkbox"/> time loss |
| <input type="checkbox"/> parenting issues | <input type="checkbox"/> guilt | <input type="checkbox"/> academic problems |
| <input type="checkbox"/> health problems | <input type="checkbox"/> substance abuse | <input type="checkbox"/> bingeing or purging |

Referral Source: Please indicate how you heard of Lewis Consulting Services.

Professional Referral (Dr./attorney/etc.) Friend/Colleague Family Member

Newspaper (Which one?): Carolina Parent Carolina Woman Other _____

Website (Please tell us how you found our site): ncpsychology.com
 psychologytoday.com somethingfishy.org other _____

Flyer or Brochure (Where did you find this?) _____

Yellow Pages Other: _____

Information about person who referred you: Name _____

Address _____ Phone _____

May we thank this person? yes no