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**Instructions for New Client Information Packet**

**PLEASE READ EVERYTHING VERY CAREFULLY**

**OFFICE PRACTICE AND POLICY:** Be sure to sign at end.

**NEW CLIENT INFORMATION SHEET:** Please fill out all the blanks as completely as possible. Be aware that there is a second side; please read it carefully and sign the bottom of the page. This form is used mainly as basic billing information for our database, as well as offering information about your current situation.

**CONSENT FOR RELEASE OF CONFIDENTIAL PATIENT INFORMATION:** This form grants permission for Dr. Adams to discuss your case with the person you specify on the form, usually a previous therapist. If you want Dr. Adams and/or her associates to have access to your previous treatment history and to be able to consult with your former therapist about your case, you must sign this form. It gives permission to release information only to those specified on the form, and no one else.

**LIFE HISTORY QUESTIONNAIRE:** Take about fifteen minutes before we meet to complete this form.

**FEELINGS:** Let me know what feelings represent your strengths and vulnerabilities by circling them.

**HIPPA:** Sign one indicating receipt of a copy. Take one copy home to read.

**ABOUT YOU:** Please complete this at home and return at or before your second appointment.

**TIME LINE:** This will help Dr. Adams get a sense of your life

*Please feel free to ask any questions you might have about these forms. Thanks for your cooperation.*

