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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. This form is used mainly as basic billing information for our database, as well as offering information about your current situation.

AUTHORIZATION FOR SERVICES: This form is to assure legal permission for Dr. Adams to provide treatment. The responsible party's name should go in the first blank, and the minor's name in the second. If you are divorced, please either have your spouse fill out an equivalent form or bring me a copy of legal documents permitting you to make medical decisions for your child. My preference is to have input from both parents.

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.

CHILD HISTORY FORM: For the parent(s) to complete about their child/adolescent at home. Please bring to the second session.

LIFE HISTORY QUESTIONNAIRE (optional): For the parents to complete about themselves. Ask for a second form if you think your spouse would be interested in filling one out. Take about fifteen minutes before we meet to complete this form.

FEELINGS: Let me know what feelings represent your child's strengths and vulnerabilities by circling them. If your child is an adolescent, he/she can fill out a separate Feelings Form.

HIPPA: For the parent(s) to complete. Take one copy home to read, and sign one for our office indicating your receipt of the other copy.

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