

Amend Psychological Services, PSC ADULT REGISTRATION FORM

(Please Print)

Today's Date:			Psychologist: Dr. Edward R. Amend or Dr. Debra B. Huss			
CLIENT INFORMATION						
Client's Last Name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	Marital Status (circle one)	
				Single / Mar / Div / Sep / Wid		
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?:			Date of Birth: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address:			Home Phone:		Cell Phone:	
City:	State:	ZIP:	Occupation:		Work Phone:	
Employer & Address:				E-mail:		
How did you find us? (please check box):		<input type="checkbox"/> Dr.	<input type="checkbox"/> Family	<input type="checkbox"/> Friend:	<input type="checkbox"/> Internet	
<input type="checkbox"/> School:	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other family members seen here:			
<input type="checkbox"/> Other:						
BILLING INFORMATION						
Person responsible for account:		<input type="checkbox"/> Self (skip to Home History)		<input type="checkbox"/> Other (Name & Relationship to Client):		
Address (if different):			Home Phone:		Cell Phone:	
Occupation:	Employer & Address:			Work Phone:		
2nd Person responsible for account:		<input type="checkbox"/> Other (Name & Relationship to Client):				
Address (if different):			Home Phone:		Cell Phone:	
Occupation:	Employer & Address:			Work Phone:		
HOME HISTORY						
Please indicate other individuals in the household and their relationship to Client:						
Name & Age	Relationship	Level of Education	Occupation	Work Schedule		
IN CASE OF EMERGENCY						
Name of Local Friend or Relative (not living at same address):		Relationship to You:	Home Phone:	Cell Phone:	Work Phone:	
<p>The above information is true to the best of my knowledge. I understand that I am financially responsible for any costs incurred from services provided, including any significant telephone and email correspondence with licensed associates of Amend Psychological Services, PSC. I also acknowledge that Amend Psychological Services, PSC has provided me with a copy of my rights to privacy through HIPAA and I have read and understand this information.</p>						
_____ <i>Client/Guardian Signature</i>				_____ Date		