ROGER N. HESS, Ph.D.

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New Client Information (page 1 of 5)

Please Print Clearly Date:_____

NAME:_____ SOCIAL SECURITY #:_____

ADDRESS:_____ CITY:_____STATE:_____ ZIP:_____

HOME PHONE: _____ CELL PHONE:_____ WORK PHONE:_____

EMAIL ADDRESS:_____

BIRTHDATE:_____ AGE:_____ SEX:_____ YOUR EDUCATION BACKGROUND:_____

☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED HOW MANY YEARS:_____

OCCUPATION:_____ EMPLOYED BY:_____

NAMES & AGES OF CHILDREN:_____

SPOUSE NAME:_____ OCCUPATION:_____

SPOUSE EDUCATION BACKGROUND:_____ SPOUSE BIRTHDATE:_____

PRIMARY CARE PHYSICIAN:_____REFERRED BY: _____

HAVE YOU HAD PSYCHOTHERAPY OR BEEN HOSPITALIZED FOR EMOTIONAL ISSUES? ☐ YES ☐ NO

IF YES, WITH WHOM AND WHEN:_____

DO YOU HAVE MEDICAL INSURANCE COVERING PSYCHOLOGICAL SERVICES? ☐ YES ☐ NO

DO YOU TAKE PRESCRIPTION DRUGS? ☐ YES ☐ NO IF YES, WHAT KIND AND HOW OFTEN:_____

_____

DO YOU TAKE RECREATIONAL DRUGS? ☐ YES ☐ NO IF YES, WHAT KIND AND HOW OFTEN:_____

_____

DO YOU DRINK ALCOHOL? ☐ YES ☐ NO IF YES, HOW OFTEN AND WHAT AMOUNT:_____

_____

INFORMATION ABOUT OUR FEES AND CANCELLATION POLICY: Our office expects co-payments and applicable deductible payments to be made at the time of the appointment. We request a 48 hour notification if you need to cancel an appointment. Experience has taught us that with a 48 hour notice we may be able to fill that appointment hour. If you cancel with <u>less than</u> a 48 hour notice, you will need to pay <u>the full</u> fee of $120.00 for this reserved time. All returned checks will incur a charge of $25.00.

Your Initials:_____