



# Lonestar Psychological Services, PLLC

1016 La Posada Drive, Suite 285, Austin, Texas 78752

Phone: (512) 206-0808

Fax: (512) 206-0844

Email: info@lonestarpsych.com

Web: www.lonestarpsych.com

## NEW CLIENT INTAKE FORMS

### DEMOGRAPHIC INFORMATION

Name:

Date of Birth:

Relationship Status:

Age:

Gender:  M  F

SSN:

Primary Phone:

Is it ok to leave a message at this number?  Y  N

Secondary Phone:

Is it ok to leave a message at this number?  Y  N

Email:

Is it ok to email you?  Y  N

Mailing Address:

City-State-Zip:

Emergency Contact Name:

ER Contact Relationship:

ER Contact Phone:

How were you referred?

Medical Doctor's Name:

Medical Doctor's Phone #:

May we consult with your Medical Doctor?  Y  N

Psychiatrist's Name:

Psychiatrist's Phone #:

May we consult with your Psychiatrist?  Y  N

### PAYMENT FOR SERVICES

Please select the method of payment you will be using:  Insurance/EAP Benefits  Self Pay/Out of Pocket

If Insurance or EAP, please complete the following:

Primary Insurance:

ID #:

Group #:

Insurance Telephone #:

Subscriber Name:

Relation to Subscriber:

Subscriber DOB:

Subscriber SSN:



# Lonestar Psychological Services, PLLC

1016 La Posada Drive, Suite 285, Austin, Texas 78752

Phone: (512) 206-0808

Fax: (512) 206-0844

Email: info@lonestarpsych.com

Web: www.lonestarpsych.com

## TREATMENT CONSENT FORM

### INFORMED CONSENT FOR PSYCHOLOGICAL TREATMENT

I hereby give my consent for psychological treatment for myself (or dependent) by Lonestar Psychological Services, PLLC. Treatment may include talk psychotherapy, relaxation training, or evaluation services rendered to me/my dependent.

### RECEIPT OF TEXAS NOTICE PRIVACY RIGHTS

I hereby acknowledge that I have been offered a copy of the Texas Notice Privacy Rights. I understand that my Protected Health Information (PHI) can be used for treatment, payment and health care operations. I understand that my PHI may be disclosed as mandated and without my authorization in the following instances: child abuse and neglect, threats to health and safety, social security administrative functions, and judicial procedures.

### NO SHOW FEE ACKNOWLEDGEMENT

I understand and agree to pay a \$50 no show fee in cases where I do not attend a scheduled appointment or provide 24-hour advance notice to cancel a scheduled appointment.

### PAYMENT FOR SERVICES ACKNOWLEDGEMENT

I understand that I am responsible for payment of services at the time services are rendered. *Notice to insurance clients:* Make sure that you understand your policy requirements and benefits for mental health services. Most insurance companies have a disclaimer that authorization does not guarantee payment of services. Also, the actual co-pay may differ from the stated amount after your insurance processes your claims. In addition, you might have a deductible to satisfy before your insurance covers any charges. Furthermore, your insurance might only cover a percentage of the total charge, which can change according to your policy after a certain number of sessions.

By signing and dating below, I hereby acknowledge that I have read and understand the information contained in the Treatment Consent Form. Furthermore, I agree to abide by the rules and policies described in the Treatment Consent Form.

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Client is a minor, Guardian must complete the following:

Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_



# Lonestar Psychological Services, PLLC

1016 La Posada Drive, Suite 285, Austin, Texas 78752

Phone: (512) 206-0808

Fax: (512) 206-0844

Email: [info@lonestarpsych.com](mailto:info@lonestarpsych.com)

Web: [www.lonestarpsych.com](http://www.lonestarpsych.com)

## INTAKE QUESTIONS

What is the problem?


What caused you to seek services at this time?


What outcome are you seeking?


Please list medications you are currently taking:


Please share any other pertinent information below:


## WHODAS 2.0

### World Health Organization Disability Assessment Schedule 2.0

36-item version, self-administered

**Patient Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:**  Male  Female **Date:** \_\_\_\_\_

This questionnaire asks about difficulties due to health/mental health conditions. Health conditions include **diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs**. Think back over the **past 30 days** and answer these questions thinking about how much difficulty you had doing the following activities. For each question, please circle only **one** response.

Numeric scores assigned to each of the items:							<i>Clinician Use Only</i>									
							1	2	3	4	5	Raw Item Score	Raw Domain Score	Average Domain Score		
In the <u>last 30 days</u> , how much difficulty did you have in:																
<b>Understanding and communicating</b>																
D1.1	<u>Concentrating on doing something for ten minutes?</u>						None	Mild	Moderate	Severe	Extreme or cannot do		30	5		
D1.2	<u>Remembering to do important things?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D1.3	<u>Analyzing and finding solutions to problems in day-to-day life?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D1.4	<u>Learning a new task, for example, learning how to get to a new place?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D1.5	<u>Generally understanding what people say?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D1.6	<u>Starting and maintaining a conversation?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
<b>Getting around</b>																
D2.1	<u>Standing for long periods, such as 30 minutes?</u>						None	Mild	Moderate	Severe	Extreme or cannot do		25	5		
D2.2	<u>Standing up from sitting down?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D2.3	<u>Moving around inside your home?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D2.4	<u>Getting out of your home?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D2.5	<u>Walking a long distance, such as a kilometer (or equivalent)?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
<b>Self-care</b>																
D3.1	<u>Washing your whole body?</u>						None	Mild	Moderate	Severe	Extreme or cannot do		20	5		
D3.2	<u>Getting dressed?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D3.3	<u>Eating?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D3.4	<u>Staying by yourself for a few days?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
<b>Getting along with people</b>																
D4.1	<u>Dealing with people you do not know?</u>						None	Mild	Moderate	Severe	Extreme or cannot do		25	5		
D4.2	<u>Maintaining a friendship?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D4.3	<u>Getting along with people who are close to you?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D4.4	<u>Making new friends?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D4.5	<u>Sexual activities?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					

