

BRIAN NEVILLE, Ph.D.

Client Information

Today's Date _____ Date of birth _____

Name _____ Age _____ Gender: .Male .Female

Address _____
Street City ST Zip

Phones Home _____ Work _____ Cell _____

Who referred you to me? _____

Client's physician _____ Phone _____

Emergency contact _____
Name Phone Relation to client

Employer/School _____

Position/Grade _____

Is client on any medications? Yes / No If yes, name and dosage:

Previous psychological evaluation or treatment (provider, date and type):

If Client is a minor

Mother's Name _____ Age _____ Date of birth _____

Address _____

Phones Home _____ Work _____ Cell _____

Employer _____ Position _____

Father's Name _____ Age _____ Date of birth _____

Address _____

Phones Home _____ Work _____ Cell _____

Employer _____ Position _____

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Insurance Information

I strongly encourage you to verify your mental health coverage since it varies from plan to plan and may be covered at different rates from other medical conditions. Some insurance companies also require preauthorization for mental health benefits. If I am a contracted provider with your insurance company, I will file the insurance claim for you and will only expect your co-payment at the time of service. Otherwise, clients are required to pay in-full at the time of their appointment and to handle all paperwork in seeking reimbursement from their insurance company. The bill which I will give you contains the necessary information for most companies. Please remember that you are solely responsible for paying, regardless of the insurance company's actions.

Policy holder's name: _____

Policy holder's date of birth: _____

Insurance Company Name: _____

Subscriber ID number: _____

Group number: _____

Are preauthorizations required? Yes / No

Number of visits authorized: _____

Mailing address for claims: _____
Street City ST Zip

I give my permission for information to be released to my insurance company for the purpose of filing claims.

Signature

Date

Current Concerns

Please briefly describe current concerns in any of the following areas:

Behavior problems

Learning or Memory Problems

Communication

Ability to relate to others

Attention or activity level

Substance Abuse

Unusual thoughts or beliefs

Mood problems

Anxiety problems

Recurrent pain or physical/medical problems

Sleeping problems

Eating problems

Other (describe)

