AHWI Psychology Group, P.C.

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5100 E. The Toledo, Long Beach, CA 90803
562.439.3425 Phone | 562.433.5522 Fax

INTAKE PACKET

Please complete all of the information in full

Date: _____

Dear: _____,

Welcome and thank you for choosing AHWI Psychology Group!

Our mission is to enhance health and wellness through the mindful delivery of services and we are honored to partner with you on your journey.

We are looking forward to your initial appointment scheduled for _____ at _____ am/pm.

Our Team is busy preparing for your appointment and ask that you do the same. In order for us to collaborate with you on finding out how we can best assist you, please:

- ✓ Bring any documents you have from your previous health care to your first appointment
- ✓ Bring your private insurance, Medicaid, Medicare, or Tricare card
- ✓ Bring your Driver's license or valid picture ID
- ✓ Bring your financial information (credit card or bank information) for processing payments (if applicable)
- ✓ Complete and bring the entire Intake Packet. It is important that you complete each and every page, as these forms will be reviewed and discussed during your first appointment
- ✓ Please write down and bring any questions about the forms, services, policies, etc. to your appointment. A Team Member will be available to discuss each one with you.

Documents to Complete:

- ☐ Client Intake Form
- ☐ Insurance Verification Form
- ☐ Informed Consent/Assent for Assessment and Treatment
- ☐ Confidentiality Statement
- ☐ Mutual Treatment Agreement
- ☐ Correspondence Agreement
- ☐ Protected Health Information Form Signature Page (HIPAA)
- ☐ Financial Agreement
- ☐ Statement of Understanding

What to Expect

The first appointment is an opportunity for us to get to know a bit about you and your reasons for seeking services, as well as the opportunity for you learn more about the services that we offer.

The intake process is somewhat similar to your first appointment at a medical office. At a medical office you are required to complete various forms that ask questions about you and your family's medical history in order for the doctor to gain a better understanding of your issues. Because physical, medical, emotional, behavioral, social, and familial factors can impact overall health and wellness, we often need to ask you questions about each area and to go into more detail about why you are seeking services. At AHWI Psychology Group, we realize that some of the questions we ask may be related to personal and sensitive topics. We appreciate you providing this information so that we can get a comprehensive picture of your needs. This way we can work with you to determine the most optimal treatment.

Once your first appointment is completed (intake appointment/evaluation), your assigned clinician will review your records (if applicable), discuss diagnostic impressions and then collaborate with you on identifying treatment goals and developing a plan to obtain the identified goals.

We look forward to seeing you on _____ at _____ am/pm.

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CLIENT INTAKE FORM

Personal Information

Client's Last Name: _____ **First Name:** _____ **SSN:** ____ / ___ / ____

Gender: Male Female **Date of Birth:** _____ / _____ / _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: ( ) _____-_____ Okay to leave a message? [ ] Yes [ ] No
Cell Phone: ( ) _____-_____ Okay to leave a message? [ ] Yes [ ] No
Work Phone: ( ) _____-_____ Okay to leave a message? [ ] Yes [ ] No
Email Address: _____@_____

Presenting Issues

What is the issue you would like help with today?

_____
_____
_____

How is this issue affecting your life?

_____
_____
_____

How long have you been dealing with this issue?

_____
_____
_____

Answering the questions on the following pages will be very helpful in understanding your situation and how we might best support you. If you are uncomfortable with answering any of the questions at this time, please leave those questions blank and complete the rest of the packet. You will have the opportunity to ask any questions and discuss any concerns during your first appointment.

If you feel the need to include more information, please write that information below:

_____
_____
_____
_____

Who Referred You?

Name/Agency: _____ Phone #: ( ) _____-_____

City: _____ State: _____ Zip Code: _____

Fax #: ( ) _____-_____ Email Address: _____@_____

Reason for referral: _____

_____

If you were not referred, how did you hear about us? _____

Personal Information

Current members in the household:

Name	Age	Relationship	Quality of relationship? (average, excellent, fair, poor, hostile, strained)

Are you currently married or with a partner? [ ] Yes [ ] No Length of this relationship? _____
History of separation(s) or divorce(s)? [ ] Yes [ ] No If yes, how many? _____

Medical History

Current Illnesses (check all that apply)

[ ] Asthma [ ] Acid Reflux [ ] Arthritis [ ] High Blood Pressure
[ ] Renal Disease [ ] Diabetes [ ] Thyroid Disorder [ ] High Cholesterol
[ ] Chronic Bronchitis [ ] COPD [ ] Other (list) _____

Medications (list all medications):

Name of Medication	Dosage	Frequency Taken	Reason

Allergies (check all that apply)

[ ] Yes [ ] No Food Allergies (list): _____
[ ] Yes [ ] No Medication Allergies (list): _____
[ ] Yes [ ] No Environmental Allergies (list): _____
[ ] Yes [ ] No Animal Allergies (list): _____

Prior serious illness or surgeries (please provide date and illness/surgery)

_____

_____

_____

_____

Mental Health History

Have you ever been seen before by a counselor, therapist, or psychiatrist? [ ] Yes [ ] No

If yes, by whom and for what reason (list if more than one): _____

_____

_____

If you were in treatment, what was the length of treatment and what was the outcome: _____

_____

_____

Have you ever had a psychological evaluation? [ ] Yes [ ] No
If yes, please list the reason and date(s)_____

_____

_____

Have you ever in a hospital for a mental health issue or substance use disorder? [ ] Yes [ ] No
If yes, please provide details below:

Facility Name	City and State	Phone Number	When and for how long?	Reason

Employment

Current Employment: _____

How long have you been employed? _____ How many hours do you work a week? _____

If not employed, how long have you been without work? _____

Reason for unemployment: _____

Have you ever been terminated from a job? [ ] Yes [ ] No Date of Termination: _____

If yes, please explain: _____

_____

_____

_____

_____

Education

Highest level completed: _____ School Attended: _____

Were you in General Education classes or Special Education Classes? _____

Did you have any learning difficulties in school? _____

Did you repeat any grades? _____ Were you ever suspended or expelled from school? [ ] Yes [ ] No

If yes, please provide give additional information: _____

_____

_____

Military Service

Have you ever been, or are you currently, in the military? [ ] Yes [ ] No

If yes, what was your rank, position and dates of service: _____

_____

_____

_____

Reason for leaving (honorable discharge, retirement, etc.): _____

_____

_____ _____

Signature of Client/Parent/Legal Guardian Date

Office Use Only

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MUTUAL TREATMENT AGREEMENT

It is essential that both AHWI Psychology Group Team Members and clients be invested in working on the areas that brought you into care. In order for treatment to be effective it is highly important that clients attend all scheduled appointments. Please arrive to all appointments on time. A missed appointment without prior notification limits opportunities for other clients to receive services. If a pattern develops where a client has missed 3 consecutive scheduled appointments without prior notification, a letter will be mailed notifying the client that his or her case will be discharged in 10 business days if there is no reply made via phone or in writing to reschedule the appointment.

Emergencies: In the event that there is an emergency (i.e. crisis) afterhours, please call 911 or go to your nearest local emergency room.

Clients have the responsibility to:

- Treat those giving them care with dignity and respect
- Ask questions about their care to gain a better understanding
- Follow the treatment plan. The plan of care is to be agreed upon by the client and provider
- Let their provider know when the treatment plan is not working for them
- Let their provider know about problems with paying fees
- Report abuse and fraud
- Openly report concerns about the quality of care they receive

Clients have the right to:

- Be treated with dignity and respect and receive fair treatment; regardless of their race, religion, gender, ethnicity, age, disability, sexual orientation, or source of payment
- Have their treatment and other client information kept private. Only where permitted by law, may records be released without client permission
- Easily access care in a timely fashion
- Know about their treatment choices. This is regardless of cost or coverage by the client's benefit plan
- Share in the development of their plan of care
- Receive information in a language they can understand
- Receive a clear explanation of their condition and treatment options
- Have information about the insurance company or payment source, its practitioners, services and role in the treatment process
- Ask about clinical guidelines used in providing and managing their care
- Ask their provider about their work history and training
- Request certain preferences in a provider
- Have provider decisions about their care made without regard to financial incentives

Grievances/Complaints:
If you are concerned that an AHWI Psychology Group Team Member has violated your privacy rights, or you disagree with a decision that was made regarding access to your records, you may contact the Team Member involved directly and express your concern or request to speak with his or her supervisor. In addition, you may also send a written complaint to the State Board who oversees the licensing of your provider or the Secretary of the U.S. Department of Health and Human Services for Medicaid and Medicare clients.