



Dear Friend:

We are grateful you have selected the Rice - Lewis Clinic for your health care needs and look forward to meeting you.

Visits are by appointment only and appointment times vary according to individual therapists or psychiatrist. Clinic staff are available from 8:15 a.m. until 4:45 p.m. Monday through Thursday and 8:15 a.m. until 12:00 p.m. on Friday to answer your phone calls. In the event of an emergency your calls will be answered by our answering service and one of our professionals will get back to you as soon as possible.

Please feel free to contact us at anytime during office hours if you have any questions or require further information. We want to assist you in any manner possible. Enclosed, you will find an appointment card for your first appointment. Please note that our cancellation policy requires 24-hour advance notice in order to avoid being billed for a missed appointment.

Also enclosed you will find a clinic brochure, a Life History Questionnaire, and a registration form. Please complete these forms and return to the Clinic at the time of your first appointment. Plan to arrive twenty minutes early for your first appointment for you will need to complete a little more paper work.

Thanks in advance and again thanks for choosing us, it means a lot.

Sincerely,

A handwritten signature in black ink that reads "Robert Rice, M.D." in a cursive style.

Robert Rice, M.D. and Staff

The Rice - Lewis Clinic

New Patient Registration

I grant permission to be contacted at:

Daytime phone # _____ /after 5 pm # _____

Patient Name _____ Male Female

Address _____ Birthdate _____ Age _____

City/State/Zip Code _____ Social Security # _____

Home Phone # _____ Patient Employer _____ Title _____

Sgle Mar Wid Div Employer's Address/Phone # _____

Spouse's Name _____ Address(if different) _____

Spouse's Employer _____

Guarantor of Account

Name _____ Social Security # _____ Home Ph# _____

Address _____

Employer _____ Work Ph# _____

Insurance

Primary Insurance Carrier _____ Phone # _____

Subscriber's Name _____ Social Security # _____ Pt. Relationship _____

Insurance I.D.# _____ Group Name/# _____

Secondary Insurance Carrier _____ Phone # _____

Subscriber's Name _____ Social Security # _____ Pt. Relationship _____

Insurance I.D.# _____ Group Name/# _____

Referral Source Information

I chose the clinic because: friend/family referral Dr. Referral (Name _____) Newspaper

Radio(station _____) Heard Dr./Therapist Speak Other _____

Financial Issues

The fee for each session will be due at the beginning of each session. Cash, personal checks and most major credit cards are acceptable for payment. We will notify you in advance if clinic fees should change for the services you are receiving. You will need to make a decision in regard to paying for services. If you have health insurance you will need to decide if you want to file charges with your health insurance or if you would refer to pay out of pocket. A benefit of using health insurance is financial reimbursement for services (payment will vary depending on your insurance). Qualifying psychiatric diagnoses if appropriate will be used when filing with your insurance company.

If you do not qualify for a psychiatric diagnosis and do not want to file with your insurance company, we can provide services under Life Skills. Using a problem-solving skill building approach, Life Skills speaks to the concerns of people. Its purpose is to identify problems people may face living their lives and developing skills they will need to successfully deal with them. It is designed for individuals who want to improve how they handle normal problems in living and to learn from the challenges they face. There are no diagnoses associated with Life Skills, no filing with insurance companies, and greater confidentiality and privacy.

Please Sign Below as an agreement that you have read, understand and will accept the terms of your financial responsibility.

Signature _____ Date _____

In case of an emergency contact _____ Phone # _____

I authorize the Rice - Lewis Clinic to release medical information to insurance carriers concerning this illness/accident and to make any necessary appeals on my behalf. I assign claim payments to the Rice -Lewis Clinic if they file a claim on my behalf for services provided. This authorization d assignment may be revoked by me at any time by written notice.

Patient _____ Date _____ Signed by _____ Relationship _____

LIFE HISTORY QUESTIONNAIRE

Name: _____

Please give brief explanation and history:

1. Present problem - list 3 main problems (anxiety, depression, etc.) and what caused it.

2. Symptoms: (please circle all that apply)

A. Change in sleep pattern

E. Decreased concentration

B. Change in appetite

F. Increased anxiety

C. Decreased energy

G. Suicidal feelings

D. Decreased motivation

H. Other (please list) _____

3. Childhood including first 15 years - please circle one: (traumatic, uneventful). List 2 - 3 traumatic events in the first 15 years. _____

4. Father - What was he like? _____

5. Mother - What was she like? _____

6. Brothers and/or Sisters - What type of relationship did you have with them? _____

7. School history - including what type of grades you made and how far you went. _____

8. Marriages - How many and what type of stresses in the marriage? _____

9. Children - How many, including ages? _____

10. Psychiatric history - including any previous counseling and medications. _____

11. Medical - condition of health, any medical problems. _____

12. Current interests - (Family, church, friends, etc.) _____

13. Job history: _____

14. Religious history: _____
