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## **RE: The Rest of the Intake Forms**

Thank you for completing the previous forms remembering NOT to leave any blanks.

Following now are 10 forms that require either only your identification information or nothing at all.

1) BILLING FORM: The first one is for billing purposes and requires only your name, address, and phone at the top, and your signature and date signed at the bottom.

2) ONGOING MEDICATION FORM: The next one is for future medication tracking and requires **only the top blocks** to be filled out. Do NOT put in your current medications. Thank you.

3) STAFFING FORM: The staffing form is for supervision purposes and

requires only your name.

4) CANCELLATION & NO-SHOW FORM: This form is used to track your missed appointments and requires **only your name**.

5) INCIDENT REPORT: This form is used to track extreme actions. It is unlikely we will ever need it. Please put **only your name and social security number** on this form.

6) CHANGE OF STATUS: This form is used to track changes in your information. Please do **NOT put any information** on this form. Thank you.

- 7) PRIMARY TECHNIQUES & CONCEPTS CHECK LIST: Do nothing with this form.
- 8) POLICY REGARDING MEDICAL RECORDS: Do nothing with this form.
- 9) DISCHARGE SUMMARY: This form is used to record your course of treatment at discharge. Please put **only your name**, **birth date**, **and social security number** on this form. Thank you.
- 10) FOLLOW-UP CONTACT: This form is to track our attempts to follow-up with your services after your services have been completed. Please only put your name, social security number, and referral source on this form. Thank you.

After completing the above 10 forms, you will have reached the final form, the **Personal History Questionnaire** form. This is a 7 page form that is extremely helpful to understating your treatment needs. Please be honest and accurate, and, again, please leave no blanks. If you are unable to complete this form during your intake session or first appointment—please complete it at home and bring it to your next session.

Please ask any questions that you might have about any of the forms. Your counselor will be happy to help you with any blanks or questions.

Thank you for your patience and diligence in filling out the intake forms. A thorough and complete evaluation is in your best interest even if it does require some of your time and patience. Again, thank you for your cooperation during the important intake process.