Gary H. Chase, PhD.
6136 Frisco Square Blvd. Suite 400, Frisco, Texas 75034

CLIENT REGISTRATION

This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. HIPAA requires that I provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment and health care operations. The Notice, which will be provided separately, explains HIPAA and its application to your personal health information in greater detail. When you sign this document, it will also represent an agreement between us and your understanding of the limitations on confidentiality.

CLIENT: _____ Date of Birth: _____
First Name Middle Last Name

Address: _____
Street City State Zip

Cell Phone: _____ Home Phone: _____

Employer: _____ Occupation: _____

Marital Status: (check) Married ☐ Single ☐ Divorced ☐ Separated ☐

Spouse's Name: _____ Phone: _____

Education: _____ Email address: _____

INSURANCE AND BILLING INFORMATION: Method of Payment: (Check) Check ☐ Cash ☐ Credit card ☐

Primary Insurance Company: ID #:

Policy Holder's Name: Date of Birth:

Patient's relationship to insured: (check) Self ☐ Spouse ☐ Child ☐ Other ☐

REASON FOR APPOINTMENT:

Who referred you to this office

Major Health Problems: _____

Medications currently taken: _____

Primary Care MD: _____ Phone: _____

Have you seen a mental health professional before, if so please give name, date, and reason:

_____

Is this counseling related to a legal issue: Judge/Attorney: _____

PATIENT RESPONSIBILITY:

1. A payment is required after each session, unless prior arrangement is made with Dr. Chase. Your insurance company or benefits at work can tell you what your copay amount is should you wish to know before therapy begins.

2. If your insurance company denies the claim, you will be expected to pay the bill within a reasonable time period.

3. A fee may be charged for each scheduled appointment unless cancelled 24 hours in advance.

4. Dr. Chase does not receive any incentives for participation in any third party payment program.

Privacy and confidentiality are of the highest importance to successful therapy! You have been provided the "Notice" and understand limits to the disclosure of your protected health information. Limits of confidentiality will be discussed with you during treatment and as needed to request restrictions and amendment.

☐ I give my consent for releasing minimum necessary information to insurance carrier.

☐ I do not give my consent for releasing information to insurance carrier and/or PCP.

Please sign below indicating that you understand and accept financial responsibility for treatment and understand the uses and disclosure of protected health information.

Signature Date

CONSENT TO TREATMENT

I do hereby seek and consent to take part in the treatment by Dr. Chase. I understand that developing a treatment plan with Dr. Chase and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by Dr. Chase or his designate.

I am aware that I may stop my treatment with Dr. Chase at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (*For example, if my treatment has been court-ordered, I will have to answer to the court.*)

I know that I must call to cancel an appointment at least 24 hours before the start time of the appointment. If I do not cancel or do not show up, I may be charged for that appointment.

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive (*if I choose to use my insurance and sign a release of information form*). I understand that if payment for the services I receive here is not made at time of service or as per our written agreement, Dr. Chase may stop my treatment.

Signature of Client	Printed Name	Date

Signature of therapist	Printed name	Date
	Gary H. Chase, Ph.D.	

☑ **Original kept by Gary H. Chase, Ph.D.**

Adult Checklist of Concerns

Name: _____ *Date*: _____

Age: _____

Please mark all of the items below that apply, and feel free to add any others at the bottom under "Any other concerns or issues." You may add a note or details in the space next to the concerns checked.

- ☐ Abuse—physical, sexual, emotional, neglect
- ☐ Aggression, violence
- ☐ Alcohol use
- ☐ Anger, hostility, arguing, irritability
- ☐ Anxiety, nervousness
- ☐ Attention, concentration, distractibility
- ☐ Career concerns, goals, and choices
- ☐ Childhood issues (your own childhood)
- ☐ Codependence
- ☐ Confusion
- ☐ Compulsions
- ☐ Decision-making, indecision, mixed feelings, putting off decisions
- ☐ Delusions (false ideas)
- ☐ Dependence
- ☐ Depression, low mood, sadness, crying
- ☐ Divorce, separation
- ☐ Drug use—prescription medications, over-the-counter medications, street drugs
- ☐ Eating problems—overeating, under eating, appetite, vomiting (see also "Weight and diet issues")
- ☐ Emptiness
- ☐ Failure
- ☐ Fatigue, low energy
- ☐ Fears, phobias
- ☐ Financial or money troubles, debt, impulsive spending, low income
- ☐ Friendships
- ☐ Gambling
- ☐ Grieving, mourning, deaths, losses
- ☐ Guilt
- ☐ Headaches, other kinds of pains
- ☐ Health, illness, medical concerns, physical problems
- ☐ Inferiority feelings
- ☐ Interpersonal conflicts
- ☐ Impulsivity, loss of control, outbursts
- ☐ Irresponsibility
- ☐ Judgment problems, risk taking
- ☐ Legal matters, charges, suits
- ☐ Loneliness
- ☐ Marital conflict, distance/coldness, infidelity/affairs, remarriage
- ☐ Memory problems
- ☐ Mood swings
- ☐ Motivation, laziness
- ☐ Nervousness, tension
- ☐ Obsessions, compulsions (thoughts or actions that repeat themselves)
- ☐ Oversensitivity to rejection

- [ ] Panic or anxiety attacks
- [ ] Perfectionism
- [ ] Pessimism
- [ ] Relationship problems
- [ ] School problems
- [ ] Self-centeredness
- [ ] Self-esteem
- [ ] Self-neglect, poor self-care
- [ ] Sexual issues, dysfunctions, conflicts, desire differences
- [ ] Shyness, oversensitivity to criticism
- [ ] Sleep problems—too much, too little, insomnia, nightmares
- [ ] Smoking and tobacco use
- [ ] Stress, relaxation, stress management, stress disorders, tension
- [ ] Suspiciousness
- [ ] Suicidal thoughts
- [ ] Temper problems, self-control, low frustration tolerance
- [ ] Thought disorganization and confusion
- [ ] Threats, violence
- [ ] Weight and diet issues
- [ ] Withdrawal, isolating
- [ ] Work problems, employment, workaholism/overworking, can't keep a job

- [ ] Any other concerns or issues:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please look back over the concerns you have checked off and choose the one that you most want help with.

_____

Please look back over the concerns you have checked off and choose the second one that you most want help with.

_____

Ten-Item Personality Inventory (TIPI)

Here are a number of personality traits that may or may not apply to you. Please write a number next to each statement to indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.

Disagree Strongly	Disagree Moderately	Disagree A Little	Neither Agree nor Disagree	Agree a Little	Agree Moderately	Agree Strongly
1	2	3	4	5	6	7

I see myself as:

1. _____ Extraverted, enthusiastic.
2. _____ Critical, quarrelsome.
3. _____ Dependable, self-disciplined.
4. _____ Anxious, easily upset.
5. _____ Open to new experiences, complex.
6. _____ Reserved, quiet.
7. _____ Sympathetic, warm.
8. _____ Disorganized, careless.
9. _____ Calm, emotionally stable.
10. _____ Conventional, uncreative.