

MARK BAILES, LCSW, BCD

Hope Valley Psychotherapy Associates, LLP
(An Office Space Sharing Arrangement)
1502 West NC Highway 54, Suite 603
Durham, NC 27707
(919)-419-3110 ext. 111 or C.H. 942-0299

Lake Boone Counseling & Psychological Services, LLP
(An Office Space Sharing Arrangement)
3921 Sunset Ridge Rd, Suite 307
Raleigh, NC 27607
(919) 782-2933 ext. 111

**CHILD INFORMATION SHEET AND
CONSENT FOR EVALUATION AND/OR TREATMENT**

CHILD'S NAME _____ DATE _____
LEGAL FIRST INITIAL LAST NICK NAME

CHILD'S SCHOOL ADDRESS _____

CHILD'S HOME PHONE _____ CHILD'S CELL PHONE _____

CHILD'S S.S. # (or unique id number) _____ BIRTH DATE _____

SCHOOL _____ TEACHER _____

SCHOOL TEL. # _____ COUNSELOR & PHONE _____

OTHER BIRTH PARENT _____ CUSTODY _____
NAME SOLE - JOINT - SHARED / LEGAL - PHYSICAL

ADDRESS _____ HOME PHONE _____

DATE OF BIRTH _____ EDUCATION _____ EMPLOYER _____ WORK PHONE _____

WHO LIVES WITH CHILD? NAME, RELATIONSHIP, BIRTH DATE _____

CHILD'S PHYSICIAN _____ TELEPHONE _____
NAME

HAS THE CHILD HAD PRIOR THERAPY? yes ___ no ___ Who _____

MAJOR CONCERNS:(precipitating factors) _____

RELEVANT ISSUES _____
CHILD'S & FAMILY MEDICAL - MENTAL ILLNESS - CHEMICAL DEPENDENCY HISTORY

LEGAL INVOLVEMENT: (Current and prior) _____
CHILD'S - FAMILY - PARENT

I do ___ do not ___ want my child's therapist to file my insurance claims and have payments sent directly to him/her. (Please complete insurance information sheet). I have read and fully understand the professional and business policy of Mark Bailes, LCSW. I agree to be responsible for all fees accrued while receiving professional services and I voluntarily agree to have my child _____ participate in such services. I also understand that I am required to give 24 hour cancellation notice or I will be charged for the scheduled appointment.

Sign Iature of Client or Responsible Party DATE Witness

Personal checks and cash are accepted for payment. Sorry, I do not accept credit cards at this time.

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PARENT INFORMATION SHEET

NAME _____ DATE _____
FIRST INITIAL LAST NICK NAME

YOUR ADDRESS _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Personal Email _____ Birth Date _____ Social Security # _____

MARITAL STATUS _____ DATES MARRIAGE/DIVORCE _____

EMPLOYER _____ JOB TITLE _____ EDUCATION _____

SPOUSE _____
NAME DATE OF BIRTH EMPLOYER WORK PHONE

Name, Birth Date, Sex, Relationships of Children _____

FINANCIAL STRESS? yes no What Percentage of Household Income is Credit Card Debt _____ ?

RELEVANT ISSUES _____
YOUR'S & FAMILY - LEGAL - MEDICAL - MENTAL ILLNESS - CHEMICAL DEPENDENCY HISTORY

TREATMENT GOALS FOR CHILD AND FAMILY _____

PHYSICIAN _____
NAME PHONE # ADDRESS

HEALTH STATUS & YOUR STRESSES _____

Referred by _____
OR WEBSITE PHONE # ADDRESS

CURRENT OR PRIOR THERAPY? no yes
THERAPIST NAME AND PHONE #

I have read and fully understand the professional and business policy of Mark Bailes. I agree to be responsible for all fees accrued while I am or my child is receiving professional services and I voluntarily agree to participate in such services. I also understand that I am and/or child is required to give 24 hour cancellation notice or I will be charged for the scheduled appointment. I also understand that my insurance plan will not pay for any portion of a missed appointment and I will be responsible for the full fee.

Signature of Client or Responsible Party DATE Witness

Personal checks and cash are accepted for payment. Sorry, I do not accept credit cards at this time.

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INSURANCE INFORMATION

I hereby authorize my insurance company/EAP/managed care company to pay MARK BAILES directly for benefits due me out of indemnity or as per contract under the terms of my policy. I also hereby authorize Mark Bailes and my insurance company/EAP/managed care firm to exchange all records, documents and reports necessary to facilitate payment for covered services. Missed sessions and less than 24 hour cancellation of sessions are not covered by insurance and I understand I am responsible to pay for these sessions in full.

Signature or Name of Policy Holder

Signature of Client or Guardian if different

PLEASE FILL OUT TO THE BEST OF YOUR ABILITY. PLEASE ASK IF YOU HAVE ?

Name of Policy Holder _____

Address of Policy Holder _____

Work Phone _____ Home Phone _____

Relationship of Client to P.H. _____ Date of birth P.H. _____

ID # of Policy Number _____ Group # _____

Insurance Policy # of Policy Holder _____

Name of Insurance Company _____

Name of Managed Care Plan/Company _____

Billing Address _____

Telephone # of Insurance/Managed Care _____

Deductible _____ Amount paid this year _____

Percentage of charges company will pay _____ or Co-pay _____

Is pre-certification necessary? _____ Have you called? _____

Number of sessions/\$ amount insurance will pay per year _____

Is Insurance based on Calendar or Fiscal year? _____ Begin Date _____

Effective Date (Date first covered) _____

Is there any wait period for pre-existing conditions? _____

Additional Information _____

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1) CONSENT TO TREATMENT

I do ___ do not ___ want my therapist to file my insurance claims and have payments sent directly to him/her. (If yes please complete insurance information sheet).

I also voluntarily agree to have myself (and my child_____) participate in treatment.

Signature of Client or Responsible Party DATE Witness

2) HIPAA PRIVACY STATEMENT

I _____ hereby acknowledge that during the initial contact with Mark Bailes, LCSW after April 14, 2003 we discussed confidentiality and privacy issues. I was shown a written *Notice of Privacy Practices DATED APRIL 14, 2003*, which outlined how protected health information will be treated in his practice, and was offered a copy to keep if I wanted one. I was also informed that if I felt my rights had been violated I could complain to Mark Bailes or the Secretary of the Department of Health and Human Services.

By signing this signature page I am acknowledging that I have ___ been informed about how my privacy and confidentiality will be maintained by Mark Bailes, LCSW. I have ___declined or ___ requested and received a copy of Mark Bailes' *Notice of Privacy Practices*

Signature of Client or Responsible Party DATE Witness

3) BUSINESS POLICY

I have read and understand the business policy of Mark Bailes, LCSW. I agree to be responsible for all fees accrued while receiving professional services and I voluntarily agree to participate in such services. I also understand that I am **required to give prior day (before 5pm) cancellation notice or I will be charged for the scheduled appointment.** I also understand that **my insurance plan will not pay for any portion of a missed appointment** and I will be responsible for the full fee.

Print Name of Client or Responsible Person Client Name if Different

Signature of Client or Responsible Party DATE Witness

HOW MUCH WERE YOU DISTRESSED BY:

PLEASE READ EACH ONE AND BLACKEN THE CIRCLE

	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY	
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nervousness or shakiness inside
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Faintness or dizziness
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	The idea that someone else can control your thoughts
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling others are to blame for most of your troubles
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Trouble remembering things
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling easily annoyed or irritated
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pains in heart or chest
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling afraid in open spaces or on the streets
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thoughts of ending your life
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling that most people cannot be trusted
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Poor appetite
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suddenly scared for no reason
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Temper outbursts that you could not control
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling lonely even when you are with people
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling blocked in getting things done
16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling lonely
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling blue
18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling no interest in things
19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling fearful
20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Your feelings being easily hurt
21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling that people are unfriendly or dislike you
22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling inferior to others
23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nausea or upset stomach
24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling that you are watched or talked about by others
25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Trouble falling asleep
26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Having to check and double-check what you do
27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Difficulty making decisions
28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling afraid to travel on buses, subways, or trains
29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Trouble getting your breath
30	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hot or cold spells
31	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Having to avoid certain things, places, or activities because they frighten you
32	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Your mind going blank
33	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Numbness or tingling in parts of your body
34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	The idea that you should be punished for your sins
35	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling hopeless about the future
36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Trouble concentrating
37	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling weak in parts of your body
38	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling tense or keyed up
39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thoughts of death or dying
40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Having urges to beat, injure, or harm someone
41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Having urges to break or smash things
42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling very self-conscious with others
43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling uneasy in crowds, such as shopping or at a movie
44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Never feeling close to another person
45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Spells of terror or panic
46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Getting into frequent arguments
47	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling nervous when you are left alone
48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Others not giving you proper credit for your achievements
49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling so restless you couldn't sit still
50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feelings of worthlessness
51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling that people will take advantage of you if you let them
52	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feelings of guilt
53	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	The idea that something is wrong with your mind