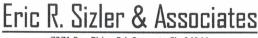
Eric R. Sizler & Associates 7271 Bee Ridge Rd, Sarasota FL, 34241

Client Information Form

First name	Last name
Date of birth	Phone number
Would you like text message reminders sent to the pho	one number you provided? YES / NO
Address	
Email	
Who were you referred by?	
Parent or legal guardian information	
Parent's name	
Parent's phone number	
Parent's email	



7271 Bee Ridge Rd, Sarasota FL, 34241

Financial Policy Agreement / Consent for Treatment

Financial Policy Agreement

Eric R. Sizler & Associates may accept many out of network insurance plans (PPO and PPS) as a form of payment. Fees for services are paid at the time services as rendered. At your request, you will be provided an invoice that you may submit to your insurance company for reimbursement. Please note that Eric R. Sizler & Associates does not interact with insurance companies on your behalf. For your convenience, Visa, Master Card, Discover, American Express, cash or personal checks are accepted as payment.

Since a 48 hour notice is required for cancellation of an appointment, you will be charged \$50.00 if the cancellation is made with less than a 48 hour notice or if you do not show for your appointment.

Checks returned for insufficient funds are subject to prosecution under the laws of the State of Florida. You will be charged a \$35.00 service charge on any returned check in addition to the fee for service rendered. Please note that this office does refer delinquent accounts to a collection agency when satisfactory arrangements cannot be made and our provider/patient relationship may be affected.

We hope this statement of policy will be helpful to you in understanding your financial obligations to this office. Please sign below to acknowledge your understanding and agreement.

Consent for Treatment

I certify that the information on this form is correct and I authorize Eric R. Sizler & Associates to correspond as agreed and deliver professional psychological services to me and/or my dependent family members, as stated above, if applicable. I understand I may terminate services at any time I wish. I agree to pay the agreed upon charges in full. I authorize release of psychological records necessary to collect fees for services from third party payers. The fee for services will be at the full fee or contracted fee arranged between patient and Eric R. Sizler & Associates. I certify that I understand the above information and have had the opportunity to ask questions for clarification as needed.

I authorize Eric R. Sizler & Associates to provide me with psychological services. I make this request freely and without coercion. If I give permission for a recording to be made of my session, this material may be referred to in writing or used in providing training to individual who are learning to use processes used during the course of my treatment with Eric R. Sizler & Associates. I understand I may terminate services at any time. I understand I will be informed of the benefits and risks of treatment. Additionally, I understand that Eric R. Sizler & Associates will provide professional experience and pertinent information concerning his licensing status (Scope of Practice).

If I am requesting services outside the State of Florida through electronic communication such as phone, Skype, Face Time or Google Hangout: I understand that I am entering a coaching relationship and the services I receive will be considered as such.

I hereby acknowledge that I have been given an opportunity to read and receive a copy of the HIPPA Notice of Privacy Practices and that any questions I had have been answered. If I have further questions regarding the Notice or my privacy rights, I can contact Eric R. Sizler & Associates.

I have read the financial policy agreement, confidentiality disclosure, and the office policies concerning urgent care, appointments, and fees. I understand my provider and I will review treatment and I am encouraged to ask questions concerning treatment at any time during the treatment process.

Patient Signature	Date	Printed Name	DOB	
Street Address			ZIP	
Email	Phone			
Credit Card Number		Expiration Date	CVV	
understand that Eric R. Sizler & Associates provides a	ppointment reminder	calls/messages as a courtes	y. By initialing below I authorize	Eric R.
Sizler & Associates to contact me through phone, email of	or text and leave mess	ages.	(Initial)	

Inventory of Common Problems (ICP)* - Modified for Youth

Name:	Date:

The following items represent common problems for individuals. How much has each problem distressed, worried or bothered you in the past few weeks? Please circle the answer that is most correct for you.

W WOORS:	Not at all	A little bit Moderatel		Quite a bit		Very much		
	1	2	3	4		5		
1.	Feeling depressed, sad,	dejected?		1	2	3	4	5
2.	Blaming, criticizing, or co	ondemning mys	elf?	1	2	3	4	5
3.	Feeling discouraged or l	ike a failure?		1	2	3	4	5
4.	Suicidal thoughts or con	cerns?		1	2	3	4	5
5.	Feeling irritable, tense, o	or nervous?		1	2	3	4	5
6.	Feeling fearful?			1	2	3	4	5
7.	Spells of terror or panic	?		_1	2	3	4	5
8.	Feeling like I'm "going to	pieces?"		1	2	3	4	5
9.	School Problems?			1	2	3	4	5
10.	Difficulty caring about or	concentrating o	on school work?	1	2	3	4	5
11.	Indecision or concern at	oout choice of ca	areer or major?	1	2	3	4	5
12.	Feeling like I'm not doin	g as well at scho	ool as I should?	1	2	3	4	5
13.	Problems with friends or	other relationsh	nips?	1	2	3	4	5
14.	Family problems?			1	2	3	4	5
15.	Difficulty getting along w	vith others?		1	2	3	4	5
16.	Feeling lonely, left out o	r isolated?		1	2	3	4	5
17.	Physical health problem	s?		1	2	3	4	5
18.	Headaches, faintness, o	or dizziness?		1	2	3	4	5
19.	Trouble sleeping?			1	2	3	4	5
20.	Eating, appetite, or weig	tht problems?		1	2	3	4	5
21.	My use of alcohol?			1	2	3	4	5
22.	My use of marijuana?			1	2	3	4	5
23.	How many psychoactive	e drugs I use?		1	2	3	4	5
24.	How many prescription	drugs I use?		1	2	3	4	5
	If so, what?							

^{*}Types of Crises and The Inventory of Common Problems by J. A. Hoffman and B. Weiss, 1986, Journal of American College Health, Vol. 34, p. 262