

Psychological Health Services

P-614-430-9697 F-614-430-9837

8472 Cotter Street Lewis, OH 43035

All paperwork is to be mailed 8472 Cotter Street Lewis Center, OH 43035 or emailed back or even dropped off between 9am and 4pm, paperwork can be faxed as well to: Fax# 614-430-9837.

Questionnaires are **front and back** be sure to do both sides!

Email paper work to:

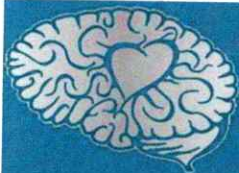
Psychologicalhealthservices@gmail.com

Unfortunately, we can NOT schedule you until all your paperwork is returned to our office.

Your appointment will be over the phone **unless otherwise specified.**

We use a program called Google chat **if specified to use it when scheduled.**

Any questions or concerns please call our office at 614-430-9697.



Psychological Health Services

Today's Date: _____

Patient Name: _____ Date of Birth: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Main Phone: () _____ Other Phone: () _____

Insurance: _____ Insurance ID# _____

Additional Insurance _____ Policy# _____

Patient's Social Security#: _____ Age: _____

Patient's Gender: _____ Male _____ Female _____ Other _____

Marital Status: _____ Single _____ Married _____ Other _____

If married, # of years married: _____ # of previous marriages: _____

E-mail Address: _____

Education (Highest grade/degree obtained): _____

Religion: _____ Occupation: _____

Patient's Employer: _____

Spouse's Name: _____ DOB: _____

Spouse's Employer: _____

List all medications that the patient is taking: _____

In case of emergency, call: _____ at phone#: _____

Referred by: _____

Where did you hear about us? _____

SELF-EVALUATION QUESTIONNAIRE STAI Form Y-1

Please provide the following information:

Name _____ Date _____ S _____

Age _____ Gender (Circle) M F T _____

DIRECTIONS:

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel *right now*, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

NOT AT ALL
 SOMEWHAT
 MODERATELY SO
 VERY MUCH SO

- | | | | | |
|--|---|---|---|---|
| 1. I feel calm..... | 1 | 2 | 3 | 4 |
| 2. I feel secure | 1 | 2 | 3 | 4 |
| 3. I am tense | 1 | 2 | 3 | 4 |
| 4. I feel strained | 1 | 2 | 3 | 4 |
| 5. I feel at ease | 1 | 2 | 3 | 4 |
| 6. I feel upset | 1 | 2 | 3 | 4 |
| 7. I am presently worrying over possible misfortunes | 1 | 2 | 3 | 4 |
| 8. I feel satisfied | 1 | 2 | 3 | 4 |
| 9. I feel frightened | 1 | 2 | 3 | 4 |
| 10. I feel comfortable | 1 | 2 | 3 | 4 |
| 11. I feel self-confident | 1 | 2 | 3 | 4 |
| 12. I feel nervous | 1 | 2 | 3 | 4 |
| 13. I am jittery | 1 | 2 | 3 | 4 |
| 14. I feel indecisive | 1 | 2 | 3 | 4 |
| 15. I am relaxed | 1 | 2 | 3 | 4 |
| 16. I feel content | 1 | 2 | 3 | 4 |
| 17. I am worried | 1 | 2 | 3 | 4 |
| 18. I feel confused..... | 1 | 2 | 3 | 4 |
| 19. I feel steady..... | 1 | 2 | 3 | 4 |
| 20. I feel pleasant..... | 1 | 2 | 3 | 4 |

SELF-EVALUATION QUESTIONNAIRE

STAI Form Y-2

Name _____ Date _____

DIRECTIONS

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you *generally* feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.

ALMOST NEVER
SOMETIMES
OFTEN
ALMOST ALWAYS

- | | | | | |
|--|---|---|---|---|
| 21. I feel pleasant..... | 1 | 2 | 3 | 4 |
| 22. I feel nervous and restless | 1 | 2 | 3 | 4 |
| 23. I feel satisfied with myself..... | 1 | 2 | 3 | 4 |
| 24. I wish I could be as happy as others seem to be | 1 | 2 | 3 | 4 |
| 25. I feel like a failure | 1 | 2 | 3 | 4 |
| 26. I feel rested | 1 | 2 | 3 | 4 |
| 27. I am "calm, cool, and collected"..... | 1 | 2 | 3 | 4 |
| 28. I feel that difficulties are piling up so that I cannot overcome them..... | 1 | 2 | 3 | 4 |
| 29. I worry too much over something that really doesn't matter..... | 1 | 2 | 3 | 4 |
| 30. I am happy | 1 | 2 | 3 | 4 |
| 31. I have disturbing thoughts | 1 | 2 | 3 | 4 |
| 32. I lack self-confidence..... | 1 | 2 | 3 | 4 |
| 33. I feel secure | 1 | 2 | 3 | 4 |
| 34. I make decisions easily | 1 | 2 | 3 | 4 |
| 35. I feel inadequate..... | 1 | 2 | 3 | 4 |
| 36. I am content | 1 | 2 | 3 | 4 |
| 37. Some unimportant thought runs through my mind and bothers me | 1 | 2 | 3 | 4 |
| 38. I take disappointments so keenly that I can't put them out of my mind..... | 1 | 2 | 3 | 4 |
| 39. I am a steady person..... | 1 | 2 | 3 | 4 |
| 40. I get in a state of tension or turmoil as I think over my recent concerns
and interests | 1 | 2 | 3 | 4 |

Name: _____ Marital Status: _____ Age: _____ Sex: _____

Occupation: _____ Education: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8. Self-Criticalness

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry any more than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

Subtotal Page 1

Continued on Back

11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.

- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.

- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.

- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

18. Changes in Appetite

- 0 I have not experienced any change in my appetite.

- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.

- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.

- 3a I have no appetite at all.
- 3b I crave food all the time.

19. Concentration Difficulty

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

Subtotal Page 2

Subtotal Page 1

Total Score

Psychological **HEALTH** Services

8472 Cotter Street Lewis Center, OH 43035 • T: 614 430 9697 • F: 614 430 9837

HIPAA Acknowledgement and Consent:

- I acknowledge my rights to privacy under HIPAA.
 - My protected health information may be used for treatment, payment, and healthcare operations.
 - I have the right to review the Notice of Privacy Practices.
 - I may request restrictions on information use.
 - I may revoke this consent in writing, except for actions already taken.
- At the request of the patient, we will provide a packet that has more details on HIPPA and rights as a patient.*

Patient Responsibility and Insurance Authorization:

- I am responsible for my health insurance deductible, coinsurance, and non-covered services.
- Co-payments are due at the time of service.
- I authorize payment of my medical benefits to Psychological Health Services.
- I authorize the release of my medical information to insurers and entities responsible for my care.

Cost Information For Uninsured Patients: *(Please note, cost is due at time of appointment)*

- Psychological Testing: \$500.00
- Psychological Testing for Pain patients: \$150.00
- Psychological Testing for Bariatric surgery: \$500.00
- Neuropsychological testing: \$150.00 for initial appointment, \$2,350 for testing.

Client Consent:

- I understand and agree to the services provided at Psychological Health Services.
- I acknowledge that the evaluation is based on my honest and accurate responses.
- I understand that decisions made by other healthcare providers are based on my evaluation responses, and Psychological Health Services is not responsible for those decisions.

Telepsychology Informed Consent: *(If applicable)*

- Telepsychology services are provided through technology and may not involve face-to-face communication.
- There are benefits and limitations to this service.
- I have the responsibility to maintain privacy on my end of communication.
- There are risks involved in transmitting information over the internet.
- My psychologist may use alternative means of communication if needed.
- The laws and standards for in-person psychological services apply to telepsychology services.

Sign: _____ Date: _____

Print: _____

Psychological HEALTH Services

8472 Cotter Street Lewis Center, OH 43035 • T: 614 430 9697 • F: 614 430 9837

Authorization for use and disclosure of Protected Health Information.

Patient Identification:

Name: _____

DOB: _____

Address: _____

Telephone: _____

This information is to be released to the following person(s) or place(s):

I Authorize Psychological Health Services to disclose to, or obtain from, to the extent allowed by law, my medical and financial record to; (a) patient, parent, guardian, or power of attorney (b) any insurance company, attorney, insurance adjuster, employer, or their representatives, agents, or employees that may be responsible for all or part of the payments due for services rendered to the patient; (c) any physician, clinic, hospital, or other healthcare provider who has provided services for me in the past or who may be providing future services (e.g. a consulting physician or a facility at which a procedure is to be performed); (d) the Centers for Medicare and Medicaid services or any other government agency as required by local , state, or federal law; (e) any person or entity to provide quality and/ or utilization review. At any time, I can revoke this authorization by submitting a notice in writing to Psychological Health Services 8472 Cotter Street Lewis Center, Oh 43035.

Patient or legal guardian signature: _____

Date: _____