DON HAYS, Ph.D. 16800 Dallas Parkway, Suite 150 Dallas, Texas 75248 214-505-6520 CP

PATIENT	SOCIAL		BIRTH	
NAME :			DATE :	
SPOUSE'S (If Patient is Married)	SOCIAL		BIRTH	
NAME :	SECURITY #		DATE :	
ONLY FILL IN FATHER AND I	MOTHER'S NAME I	F PATIENT	IS A CHILD OR ADOLESCENT	
FATHER'S (If Patient is a Minor)	SOCIAL		BIRTH	
NAME :	SECURITY #		DATE :	
MOTHER'S (If Patient is a Minor)			BIRTH	
NAME :	SECURITY #		DATE :	
	2 - 2			
HOME ADDRESS :	CI	TV.	710.	
HOME TELEPHONE ·	CI		ZII	
HOME TELEPHONE : CELL PHONE:	WHO	DEFEDDE	D VOII 2	
EMPLOYMENT INFORMATIO	N ·	REFERRE	D 100:	
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NAME.		INICIIDED	S BIRTH DATE:	
NAME.		May Von	Be Contacted At Work?	
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INSURED S ADDRESS IF DIFFEI	KENT FROM FATIET			
JOB TITLE :				
SPOUSE'S (Of Insured)				
NAME :		WORK TE	LEPHONE :	
IVAIVIE .		- WORK II	fay You Be Contacted	
SPOUSE'S EMPLOYER .			t Work If Necessary?	
IOR TITLE .			t Work if Necessary:	-
JOB TITLE :	in the second se	******		
<b>INSURANCE INFORMATION:</b>				
INSURANCE CARRIER:				
			STATE: ZIP:	
GROUP NUMBER :	CERTI	FICATE OR	STATE : ZIP : ID #	
CERTIFICATION OR AUTORIZA	TION NUMBER (If A	pplicable):		
INSURANCE MEMBER SERVICE	E PHONE NUMBER	ppca.o.c.)		
ASSIGNMENT OF MEDICAL B	ENEFITS			
(IF APPLICABLE)	ENEFILS			
I hereby assign all medical benefits,	to include major medic	al benefits to	which I am entitled, including Private	,
Carrier and other health plans to: De	ON HAYS, Ph.D., LP	C, LMFT. T	his assignment shall remain in effect	
until revoked by me in writing. A pl	hotocopy of this is to be	e considered	as valid as the original. I hereby	
authorize said assignee to release all				
CICNED			DATE.	
SIGNED :	***		DATE:	

### Don Hays, Ph.D.

## Licensed Professional Counselor and Licensed Marriage and Family Therapist Client Information and Consent for Treatment

Welcome to my practice. I look forward to working with you regarding your concerns.

Qualifications: I have a Ph.D. in counseling and am licensed as a professional counselor and as a marriage and family therapist.. I have been in practice for 18 years and have extensive experience working with individuals, couples and families.

Orientation: I have experience in family systems, reality therapy and solution-oriented therapy and will use several techniques to help you clarify your goals for change and to begin taking steps to improve your life. I believe all people were created with a need for purpose and meaning, a need for significant connection with others, and a capacity for growth.

Nature of Counseling: The purpose of counseling may include relieving distress; decreasing of a mental or emotional disorder, improving one's mood, self-esteem, or overall well-being; working through trauma or loss; working to improve significant relationships; or learning better coping skills for life's challenges. Counseling requires your active participation in identifying problems and goals and working to make changes. I will work to provide a safe setting in which you feel respected and accepted in order for you to openly discuss issues which may be at times personal and uncomfortable.

Effects of Counseling: While benefits are expected from counseling, specific results are not guaranteed. Counseling at times involves unpleasant feelings and addressing issues that may be difficult. Some life changes can be temporarily distressing. Together we will work to achieve the best results for you.

Client Rights: Some individuals only need a few sessions to achieve their goals; others may require months or even longer. You have the right to discontinue our professional relationship at any time. You have the right to refuse any recommendation I make. You have the right to humane care and protection from harm, abuse or neglect. My services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time you are dissatisfied with my services, please let me know. If I am not able to resolve your concerns to your satisfaction, you may report your complaints to the State Board of Examiners of Professional Counselors at 512-834-6658.

Referrals: If at any time you or I believe a referral is needed, I will provide recommendations for other providers or programs to assist you. You will be responsible for contacting and evaluating those referrals.

Fees: Counseling sessions are billed at \$100 per 45-50 minute session. If you are using insurance benefits, you are usually only responsible for the copay unless there is an unmet deductible. For legal proceedings that require my participation, I bill \$175 per hour (includes depositions, time spent waiting to testify, driving time, etc.). Other services for which fees apply are letters or documents for employment, disability, or legal purposes and photocopying, mailing or faxing medical records to other providers, attorneys or insurance companies.

# CANCELLED, MISSED OR RESCHEDULED APPOINTMENTS I WILL NEED TO BILL YOU FOR ANY SCHEDULE CHANGES WITH LESS THAN 24 HRS NOTICE AS YOUR INSURANCE WILL NOT PAY FOR A MISSED OR CANCELLED APPT

Cancellation: If you miss a scheduled appointment or call to change an appointment time on the same day that you are scheduled to see me, I cannot bill your insurance for the hour time slot that you have reserved with me but did not attend. Your Insurance carrier will not pay for scheduled appointment that you either miss or for an appointment that you call me to cancel or to change on the day of the appointment. This does not give me adequate time to call another client to fill the time slot so I will need to bill you for THE FULL FEE—NOT JUST YOUR COPAY for the missed appointment or an appointment that is changed on the same day as the appointment. I want to be clear about this because this happens frequently. If you are sick or injured, this is an exception but not working late, company meetings, or soccer practice. INITAIL HERE:

DATE:

## Don Hays, Ph.D., LPC Licensed Professional Counselor and Licensed Marriage and Family Therapist

Records and Confidentiality: All of our communication becomes part of your clinical record. Adult records are disposed of seven years after the file is closed. Records for minors are disposed of seven years after the child's 18<sup>th</sup> birthday.

Your files are kept secure and confidential with the following exceptions:

- 1. You are at risk of imminent serious harm to yourself or others.
- 2. You disclose abuse, neglect, or exploitation of a child, elderly, or disabled person.
- 3. You disclose sexual misconduct by a physician or therapist.
- 4. I am ordered by a court to disclose information (e.g. child custody suits)
- 5. You direct me to release your records
- 6. Information is requested by your insurance company for claims processing, case management, coordination of treatment, quality assurance or utilization review purposes.

I give consent for Don Hays, Ph.D., LPC to provide counseling services to me. I understand that no guarantees have been made as to the results of the treatment authorized.

Client Signature	Date	
2 <sup>nd</sup> Client Signature	Date	
Parent/Guardian_	Date	•
Consent to Release	Confidential Information	
This authorizes Don Hays, Ph.D., LPC to disclose i	nformation concerning	
Client Name to t	he following:	
Insurance Company Psychiatrist Primary Care Physician Other Other		
The purpose of this disclosure is: Authorization/Utilization ReviewCoordination of CarePayment/Billing		
Client Signature	Date	
2 <sup>nd</sup> Client Signature	Date	
Parent/Guardian	Date	

### Don Hays, Ph.D., LPC 16800 Dallas Pkwy, Ste 150. Dallas, TX 75248 214-505-6520 CP 972-733-7257 Fax CONSENT TO COMMUNICATE WITH PRIMARY CARE PHYSICIAN

PRIMARY CARE PHYSICIAN	
PRIMARY CARE PHYSICIAN TELEPHO	ONE NUMBER
PRIMARY CARE PHYSICIAN ADDRES	s
FAX	
CLIENT NAME	
DATE OF BIRTH	_SOCIAL SECURITY NUMBER
DIAGNOSIS	
HIGHEST GAF PAST YEAR	
*>	
ohysician for coordination of care. These without your written consent, except as of at any time.  Signature	uested that his information be sent to your primary care records are confidential and cannot be disclosed therwise provided by law. You may revoke this consent  Date
Signature of legal guardian if minor	Date
1 Client declined to release information	as stated they have as arimon, care abusician

## Comprehensive Assessment Questionnaire - ADULT

What are the main prob	lama on sumptome that as		
What are the main prob	lama as sumplama that as		
	igms or samptoms mare	used you to seek	help now?
Describe any stresses in	your life that may have co	intributed to the	problem:
Describe the history of the	ne problem from its onset	until now:	
Describe the matory with			
		N = 16 ==	-leas dessibabbaseles t
Have you had a similar p	roblem in the past/ r	CS NO II 30,	please describe the episode
and the dates they occur	cu.		
	problem?YesNo		
rcceived.			
Has this problem caused	you to experience any dec	rease in your abi	ility to function in the
ollowing areas? If so, ple			
school performance:			
vork performance:	laisnificant ather		
ceationship with spouse/	significant other:		•
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unctioning as a parent.			
dedical History	t home:		
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fecial life:  bility to manage chores a  fedical History  lease list all medications  rescription Medication  ease list any health proble  you alleris to any foods, of  lental Health Histor  ease list any Psychiatrist/  me  ve you ever attempted suit  the date(s) of occurrence  ise list any blood relatives  ression, manic depression  ng disorders, Attention De	rou are currently taking: Dose  Dose  Ims: Irugs or other substances?  Psychologist/Therapist you Dates Seen  Icide?YesNo If yee.  Is who have any history of a looholism, drug abuse, cricit Disorder, etc.)	Star ou have seen pre- Reason s, please describe mental or emotio	viously: Medications Prescribed the nature of the event
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Substance Use							
Do you use an	y of the	followir		_	n 11	*** 11	2.1.
Substance	Yes	No	Amount	Frequency:	Daily	Weekly	Date last use
Tobacco	-			-	-		
Calleine	********				***************************************		
Alcohol					-		
Marijuan <b>a</b>				ma			
Cocaine				-	-	***********	
Amphetamine	s				-	***************************************	
LSD				mo			
Heroin							
Pain killers	-			-		-	
IV Drug Use			- Treatment of the Contract of	-		-	
when and the r	nature of	the pro	blem.	s or alcohol?			
Have you tried	to stop	drinkin	g? Yes N	o If yes, what wa	is the out	tcome? _	
Have you ever	attended	AA?	_ Past Curr	ent If yes, do you	have a	ponsor a	nd how often
you attend mee	tings?			-1	•		
				ent If yes, do you			
you attend mee	tings?					•	
Where were your	siblings		d? ir current ages:				
Where were you Please list your Are you close to low would you	born an siblings your sibl describe	nd raise and the lings? _ your ra	d? ir current ages: elationship with	your father?		***************************************	
Where were you clease list your would you fow would you	s born an siblings your sibl describe describe	id raise and the lings? _ your re	d? ir current ages: elationship with	your father?			
Where were you Please list your Are you close to fow would you fow would you Pescribe your ch	your sible described described the divorce to the d	ings?_ iyour re your re	d? ir current ages: elationship with elationship with	your father?			
Where were your Please list your Are you close to flow would you Flow would you Pescribe your chere your paren //ere your paren //th whom did y	your sible described divorced	ings?_ your re	d? ir current ages: elationship with elationship with  Yes No If y	your father? your mother?	you?		
Where were your lease list your last you close to fow would you lescribe your chere your paren lith whom did your mother	your sible describe describe aildhood: ts divorce ou live a remarry	ings?_; your re ed?_ fter the ? _ Yo	d? ir current ages: elationship with elationship with Yes No If y divorce? es No Did y	your father?	you? Y	es No	
Where were your Please list your Are you close to fow would you fow would you lescribe your chere your paren // ith whom did y id your mother hat was your refere you ever suiter of the control of t	your sible describe describe describe didhood: ts divorce remarry elationsh	ings?_ your re your re ed?_ fter the y _ Your like;	d?	your father? your mother? es, how old were our father reman	you? Y	es No	No
Where were your Please list your are you close to fow would you fow would you feel your chart whom did your mother hat was your reere you ever sulves, please describes are your exercises.	your sible describe describe describe ts divorce ou live a remarry elationsh bjected t ribe the	ings?_ your re your re ed?_ fter the ' jip like to any ty events:	d? ir current ages: elationship with elationship with Yes No If y divorce? es No Did y with the steppar ype of abuse (em	your father? your mother? es, how old were our father remanent(s)? otional, physical	you? Y	es No	No
Where were your Please list your and Please list your and Please list your and you fow would you fow would you be scribe your chart whom did your mother hat was your release describe you lost a close you lost a close you lost a close we you lost a close we you lost a close the please describe you lost a close you lost you lo	your sible describe d	ings?_ your re your re your re ced?_ fter the ?Your like of	d? ir current ages: elationship with elationship with Yes No If y divorce? es No Did y with the steppar ype of abuse (em	your father? your mother? es, how old were our father remarient(s)? otional, physical, se occurred	you? Y	es No	No
Where were your Please list your and Please list your and Please list your and you fow would you fow would you be scribe your chart was your refere you ever suit yes, please descrive you lost a cloud to a clou	your sible describe d	ings?_ your re your re your re ed?_ fter the re ip like v events:	d? ir current ages: elationship with elationship with  Yes No If y divorce? es No Did y with the steppar ype of abuse (em and ages the abu ber or friend?	your father? your mother? es, how old were our father remarient(s)? otional, physical, se occurred	you? Y	es No	No
Where were your Please list your and Please list your are you close to fow would you fow would you describe your chart whom did your mother that was your regree, please describe you complete lyou co	your sible describe d	ings?_ your re	d? ir current ages: elationship with elationship with  Yes No If; divorce? es No Did y with the steppar  yee of abuse (em and ages the abu ber or friend?  Yes No	your father? your mother? es, how old were our father remanent(s)? otional, physical, se occurred Yes No Wh	you?Y , sexual)?	es No	No
Where were your Please list your show would you fow would you fow would you feet your parent who make your mother that was your release describe you complete lat kind of grade lat kind of grad	your sible describe describe describe describe the divorce remarry elationsh bjected to ribe the did you did y	ings?_ i your re your	d?	your father? your mother? es, how old were our father remarient(s)? otional, physical, se occurred	you? Y , sexual)?	es No	No
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Where were your Please list your and Please list your and Please list your and Please list your and Were your parent and your mother that was your refere you ever suit yes, please descrive you lost a cloud you get all you complete lat kind of grade widd you get all widd you get	your siblings a siblings a siblings a siblings a siblings a siblings a sibling a sibli	ings?_ your re your playour p	d? ir current ages: elationship with elationship with  Yes No If y divorce? es No Did y with the steppar ype of abuse (em and ages the abu ber or friend? Yes No ye in school? eers? eachers? eachers?	your father? your mother? es, how old were our father remarient(s)? otional, physical, se occurred	you?Y , sexual)?	es No	No
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Patient's Nume:	

Occi	apational History
Are vo	u currently working? Yes No What is your occupation?
What	is your current position?
When	do you work? How long have you been there?
Areyo	is your current position? How long have you been there? to you work? How long have you been there? u satisfied with your job?Yes No If no, explain:
Descri	be any current job stresses you may be experiencing:
Howw	ell do you get along with your co-workers?
How w	cll do you get along with your supervisors?
List yo	ur last two jobs and how long you worked there:
Polot	ionahia Wistone
Kelat	ionship History currently Single Married Divorced Widowed Living Together
How lo	ng? What is your sexual orientation? Living I ogether
Describ	e your relationship with your spouse or significant other:
0 00010	The stationary with your spoude of signature of the state
List any	stresses or problems in your relationship:
if marri	ed, what is your spouse's occupation?
Haveyo	u been married before (or in a long-term committed relationship)? Yes No
How ma	ny times? How long did these relationships last?
riea <b>se</b> d	escribe the reason for the break-up or divorce:
l you ha	ve children, what are their names and ages?
escribe	any problems you may be experiencing with your children:
	our religious preference?
hat is y	our religious preference?
low often ny hobb	do you attend religious services? Yes No Where?
there at	ies?:  ny other important information about you that has not been covered, which you feel the
erapist	hould know?