

GENERAL INFORMATION

Date ____ - ____ - ____

Name _____ Date of Birth ____ - ____ - ____

Address _____

City _____ State _____ Zip _____

Home ☎ _____ Work ☎ _____ Mobile/Other ☎ _____

E-mail Address _____

DO YOU WANT TO RECEIVE BILLING STATEMENTS YES NO
(Can be submitted for health insurance claims)

Person to notify in the event of an emergency _____

Emergency contact's relationship to you _____ Contact's ☎ _____

How did you hear about us? _____

EDUCATION & VOCATIONAL INFORMATION

Highest grade completed and/or degree(s) obtained _____

Which School(s)? _____ Current Job and Employer _____

Combined gross annual income from all sources _____

FAMILY

Present Relationship Status (Check any that apply):

- Married or in a primary relationship.
- Single: How long ____ year(s).
- In a new relationship (6 months or less).
- Dating: one person several persons
- Widowed
- Other

If in a primary relationship or married:
Do you live with your partner/significant other? Yes No

If in a primary relationship or married: I have been in a primary relationship with this person for ____ year(s).

Others living in your household:

NAME	RELATIONSHIP	AGE

FOR OFFICE USE ONLY ▶ DSM:

THE THERAPIST:

MEDICAL INFORMATION

Approximate date of last physical exam ____ - ____ - ____ Medical Doctor _____

Psychiatrist _____ Other Specialist seen _____

Rate your physical health in general: Excellent Good Fair Poor

List any medications you are currently taking including non-prescription or herbal remedies

Describe any current physical problems or concerns that you have _____

List any major history of physical problems, (broken bone, head injury, surgery, etc.)

I understand that all therapies provided by Blue Tiger Recovery LLC are done in complete confidence unless I sign a written release to the contrary, with the following exceptions:

- 1) Any suspected abuse or neglect of minors, dependent adults or seniors (65 and older), if revealed, must be reported to the appropriate authorities as Blue Tiger Recovery LLC is a Mandated Reporter under California Penal Code and as such are required to make a report in order to protect the health and safety of children.
- 2) Blue Tiger Recovery LLC is required by law to break my confidentiality should I reveal a clear intent and means to cause severe physical harm to myself or anyone else, in order to protect me or that other person(s). Only in the above circumstances can Blue Tiger Recovery LLC may be compelled to break their confidentiality so that I and/or others can be protected.

Please initial to indicate that you have read the above _____

PAYMENT

Credit Card # _____ Expiration Date ____ - ____ - ____

Cardholder Name _____ SID# _____

Billing Address (if different than above)

Type: Visa MasterCard American Express Discovercard

NOTE: To prevent any misunderstandings about use of insurance as payment of services, we wish you to know that; (1) All services furnished are billed directly to the client unless other arrangements have been made, (2) Clients are personally responsible for payment for services when rendered via cash, check, money order or credit card, (3) You may have to submit your own claims, (5) We will provide you with information needed to submit your own claims and our office staff is willing to assist you in determining the extent of your coverage whenever possible. (4) If payment has not been received when services are provided, payment will be applied to credit card on-file as detailed in the following agreement: I (client) authorize you to reserve credit with the card issued in an amount equal to all estimated charges. You may bill my card issuer at time of service if no other payment arrangements have been made. Payment Guarantee - If I have directed you to bill charges to someone else who fails to make payment promptly when due, I will promptly pay you on demand. **I understand that Blue Tiger Recovery LLC has a 24-hour cancellation policy for individual therapy sessions and that I will be charged in the event that I fail to show up for the appointment without 24 hours advance notice.** I also understand that if I commit to attending group therapy, that I will be charged weekly whether I attend or not. If I direct charges to be billed to another person, I represent that I am authorized to give you such direction. I understand that I remain individually responsible for all incurred charges, even if I direct you to bill another person.

I have read, understood, and agree to the information and guidelines stated above.

Signature _____

Date ____ - ____ - ____



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