Yie-Wen "Yvonne" Kuan, Ph.D. Clinical Psychologist
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Information Form

Today's Date: _____________

Name: ____ Birth Date: ___________________
Last Name First Name

Social Security: ________________ Gender: ________ Marital Status: ___________

Home Address: ____

Cell Phone Number: ___________________________ OK to leave text/voice message? Yes __ No __

Alternative number: ___________________________ OK to leave message? Yes___, No ___

Your Employer/School: _________________________ Occupation: ____________________________

If you want to use your insurance to pay for the service, please fill out the following information.

Insurance Company: ______________________ Group #: ______________________________

Subscriber: ______________________________ Subscriber Number: _____________________

Relation to the Client: ______________________ Contact Number: _______________________

Assignment and Release

I certify that, I and/or my dependent, have insurance coverage from the above named insurance company and assign directly to Dr. Yie-Wen Y. Kuan all payments of insurance benefits for her psychological services. I understand that I am financially responsible for deductible, co-pays and non-covered services. I authorize the use of my signature on all insurance submissions. I accept financial responsibility for all account balances over 30 days. I understand the delinquent accounts may be sent to collection.

Dr. Kuan may use my health care information and may disclose such information to the above-named insurance company and their agents for the purpose of obtaining payment for services and determining insurance benefits, or the benefits payable for related services. This consent will end when my current treatment is completed.

____ _____________________
Signature of Client, Parent, Guardian if a minor Date

____ _____________________
Please print name of Client, Parent, Guardian if a minor Relationship to Client

Are you currently taking any prescribed medicine for your mental health?   No____

Yes, What kind? ____

Have you ever taken any medication for your mental health?   No____

Yes, When? _________________ What? ______________________________________

Have you ever been to any psychological counseling before? No____

Yes, When? _________________ with Whom? _________________________________

Please describe the reasons for your seeking psychological counseling this time.

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Who referred you here? ____

Do you or any of your close family members suffer from the following condition?

__ Depression — Who? __________________________

__ Anxiety and/or Panic Attacks — Who? __________________________

__ Attempts Suicide — Who? __________________________

__ Completed Suicide — Who? __________________________

__ Substance Abuse — Who? __________________________

__ Abuse (Physical, mental, sexual) — Who? __________________________

__ Trauma — Who? __________________________