

Patricia Penn, PhD, LCSW

Licensed Clinical Social Worker

Board Certified Diplomate

3880 S. Bascom Ave, Suite 212
San Jose, CA 95032

(408) 377-1200
patriciapennphd.com

Client Information Sheet

Name		Date	
Address			
City		State	Zip
Phone (H)	(W)	(C)	
Ok to leave message? <input type="checkbox"/> Y <input type="checkbox"/> N	Ok to leave message? <input type="checkbox"/> Y <input type="checkbox"/> N	Ok to leave message? <input type="checkbox"/> Y <input type="checkbox"/> N	
E-mail Address		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married/Partnered <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Decline to state	
Date of Birth	Age	Gender	Social Security Number
Emergency Contact		Phone	

How did you learn about this practice? <input type="checkbox"/> patriciapennphd.com <input type="checkbox"/> psychology today directory <input type="checkbox"/> web search <input type="checkbox"/> phone book <input type="checkbox"/> brochure <input type="checkbox"/> friend <input type="checkbox"/> professional referral _____ (name) If Web search: <input type="checkbox"/> google <input type="checkbox"/> yellowpages.com <input type="checkbox"/> yahoo <input type="checkbox"/> msn <input type="checkbox"/> ask other _____			
Employer		Occupation	
Insurance Company	ID#	Plan#	Group#
Billing Address			Phone
Primary care provider			Last visit
Phone			
Psychiatric care provider (if applicable)			Last visit
Phone			
Medical problems		Medications	

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Reason for coming today		
Recent Stresses in your life		
How long have you had these problems or symptoms?		
How often do they occur?		
Why did you decide to seek help now?		
What is your treatment goal?		
Past treatment for these issues		
Counseling or Psychotherapy? <input type="checkbox"/> Y <input type="checkbox"/> N	By Whom?	When?
Medications <input type="checkbox"/> Y <input type="checkbox"/> N	By Whom?	When?
Psychiatric Hospitalization <input type="checkbox"/> Y <input type="checkbox"/> N	Where?	When?
Do you use alcohol? <input type="checkbox"/> Y <input type="checkbox"/> N	How many drinks per week?	
Do you use other drugs? <input type="checkbox"/> Y <input type="checkbox"/> N	What kind?	
Do you feel you have a problem with: Alcohol <input type="checkbox"/> Y <input type="checkbox"/> N Drugs <input type="checkbox"/> Y <input type="checkbox"/> N		
Previous alcohol or drug treatment?		

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Your Rights to Privacy

I am committed to your right to privacy. I am obligated by the ethical standards of the Social Work profession and by state law to maintain strict confidentiality. There are a few exceptions to this rule that you should know about. I am obligated to take protective action in cases of:

- 1) Intent to harm yourself
- 2) Intent to harm another person
- 3) Physical, sexual abuse, or neglect of a child
- 4) Abuse of an elderly person or dependent adult

These situations are rare. Whenever possible, I will notify you before taking action. If you still have questions about this obligation, feel free to ask me at our first meeting.

You should also know that if you choose to use third party reimbursement (insurance or employee assistance programs), I am usually obligated to provide the insurance company or EAP with information about your diagnosis and treatment plan.

Insurance

Insurance is not typically accepted. I will provide you with a statement at the end of each session that will provide sufficient information for your insurance carrier to process your claim and reimburse some or all of your payment, if you are eligible for mental health treatment under your plan. Some insurance companies only cover severe mental health diagnoses and you may not be eligible. Most insurance companies do not cover marital counseling.

Missed Appointments

Committing to keeping therapy appointments is a crucial part of the therapeutic process. Missed sessions disrupt the important work you are doing on behalf of your personal growth and well-being. Missed appointments also disrupt my schedule and prevent me from seeing other clients. Please provide a 24-hour notice if you must cancel an appointment. 48 hours is preferred. While understanding that emergencies arise, please know that you will be billed the full fee for our session for appointments not cancelled within 24 hours. Insurance companies will not pay for missed sessions, and you will be expected to pay for the missed session.

Restrooms and Parking

Please feel free to use the parking garage adjacent the office. Restrooms are located on the opposite side of the atrium on this floor. Keys for the restroom are located on the table in the waiting room.

Consent to Treatment

Most people who participate in psychotherapy benefit from it. Like most kinds of health care, this kind of treatment requires an active effort on your part to get something from it. In addition, there are certain kinds of risks involved. The therapy process can be challenging, and can involve experiencing uncomfortable feelings, engaging in difficult interactions, or facing difficult aspects of your life. Nevertheless, most people find the benefits outweigh any such risks. In fact, there can be more risks associated with not participating in psychotherapy.

It is important that you participate in this treatment willingly. If you have questions or concerns about psychotherapy, or what other treatment options are available to you, I encourage you to ask me at our first meeting.

I have read, understand, and agree to the policies on this statement.

Name

Date

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