

CLIENT INTAKE FORM – PRIVATE PAY

GABRIELLE LAWRENCE, Ph.D.

• 5040 E Shea Blvd, #268, Scottsdale, AZ 85254 • (480)607-5030 •

PLEASE PRINT ALL INFORMATION

Today's Date: / /

CLIENT's Full Name: _____ **Additional Information if Minor**

Mailing Address: _____ School: _____

City/State/Zip: _____ School Phone: _____

Home# () _____ Teacher: _____

WK# () _____ Mother's Name: _____

Cell# () _____ Father's Name: _____

SSN#: - - _____ Referred by: _____

Date of Birth: / / _____

EMAIL: _____

Married _____ Single _____ Divorced _____ Legal Involved? Yes No

What brings you into my office: _____
(If legal is involved, please consult with Dr. Lawrence at first session.)

RESPONSIBLE PARTY'S Full Name:

Mailing Address: _____ Telephone, Home: ()

Cell: ()

Date of Birth: / / _____ Business ()

Social Security No.: _____ EMAIL: _____

MEDICAL

Previous Therapy: Yes No _____ Therapist's Name: _____

Last Date of Service: / /

Physician's Name: _____ Therapist's Phone: ()

Date of Last Physical: _____ Physician's Phone: ()

PAYMENT ARRANGEMENT

Per Session Fee: \$145 initial visit & \$135 addl visits Other: _____

Paid by Client: _____ by Other: _____

You may request a "superbill" from Dr. Lawrence at the time of your appointment and submit your own insurance claims.

I authorize the release of any medical or other information deemed necessary by Dr. Lawrence to facilitate the therapeutic process. I, also, give my permission to Dr. Gabrielle Lawrence to confer with the above for the purpose of my treatment.

Client or Legal Guardian, if Minor **SIGN AND PRINT NAME** Date

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PAYMENT POLICY

1. A Therapeutic hour is fifty (50) minutes of counseling time.
2. Initial consultation: \$145.00 per hour. Additional visits \$135.00 per hour
3. There is a fee for all telephone consults and written or email correspondence, please see fee schedule for rates @ www.health4relationships.com. Legal fee schedule also available upon request.
4. Cancellations need to be made twenty-four (24) hours in advance of appointment time on a business day schedule (i.e. Monday appointments must be cancelled on the previous Friday to avoid cancellation fee). If cancellation is less than twenty-four (24) hours, a full session fee will be assessed. The office number is **480-607-5030**. Messages are not retrieved on Saturday or Sunday.
5. “No Shows” and Late Cancellations will be assessed at the full session price of and need to be paid before client can reschedule another session.
6. All fees are expected at the time of the session. Client must pay the therapist before the hour begins. Cash and checks are preferred, however, credit cards will be accepted with the understanding that there is a convenience charge for the use of credit cards. Checks can be made payable to: Gabrielle Lawrence, PhD.
7. If it is necessary to send you to collections for an unpaid balance you will be responsible for all commission fees that will be added to your bill at that time.
8. Anyone unable to meet the above financial obligations should speak directly with Dr. Lawrence about this matter in the consultation.

I have read and understand the above policies and accept full responsibility for any outstanding balances on my account.

Client or Legal Guardian, if Minor

Date

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) this fax/email/document, including any attachments, may contain confidential and privileged information and is for the sole use of the intended recipient(s). Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email or fax and destroy all copies of the original message.