

Today's Date			
Name		Birth date	Age
Marital Status		<input type="checkbox"/> M <input type="checkbox"/> F	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Street address		City	State
Cell Phone		Home Phone	E-mail Address
Employer	Employer address		Employer phone
Regular Physician's Name	Address	Phone	
Medical Specialist Name(s)	Address	Phone	
List any previously diagnosed medical and mental health problems			
List any previous hospitalizations			
Year	Reason	Hospital	
List currently prescribed medications and any over-the-counter medications/vitamins			
Name of Medication	Dose	Frequency Taken	
How did you hear about us?			
<input type="checkbox"/> Ask <input type="checkbox"/> Bing <input type="checkbox"/> Google <input type="checkbox"/> Yahoo <input type="checkbox"/> Yelp <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Linked-in <input type="checkbox"/> www.drmontedavenport.com <input type="checkbox"/> www.flexiture.net			
<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Gateway Business Directory <input type="checkbox"/> CHADD <input type="checkbox"/> Dr.			
<input type="checkbox"/> Other:			

FAMILY HISTORY

For biological children, parents, and siblings, put a √ in the box if that person has had these experiences.

	CHILDREN	FATHER	MOTHER	SIBLINGS
Attention problems				
Learning problems				
Kept back in school				
Articulation problems or stuttering				
Problems understanding or using words				
Thyroid problems				
Mental Retardation				
Genetic Disorders				
Behavior problems				
Depression or Mood Disorder				
Anxiety Disorder				
Other Mental Illness (specify below)				
Drinking problem				
Drug abuse				

Describe any health problems your biological children, parents, or siblings have

MEDICAL HISTORY

Check any of the following that are true of your medical history.

- | | |
|--|--|
| <input type="checkbox"/> Prenatal problems | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Premature birth | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Poisoning / Overdose |
| <input type="checkbox"/> Glasses prescribed | <input type="checkbox"/> Lead Poisoning |
| <input type="checkbox"/> Other Eye Problems | <input type="checkbox"/> Head injury |
| <input type="checkbox"/> Hearing aide needed | <input type="checkbox"/> Concussion |
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Alcohol Abuse |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Brain Tumor |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Slow weight gain | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Excess weight gain | <input type="checkbox"/> Encephalitis |
| <input type="checkbox"/> Sleep Problems | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Thyroid Problems | <input type="checkbox"/> Meningitis |
| <input type="checkbox"/> Stomach Problems | <input type="checkbox"/> Cuts requiring stitches |
| <input type="checkbox"/> Urinary Tract Problem | <input type="checkbox"/> Broken bones |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Almost Drowned |
| <input type="checkbox"/> Reye's Syndrome | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emergency Room Visits |
| <input type="checkbox"/> Heart Problems | |

OTHER HEALTH PROBLEMS

DEVELOPMENTAL AND LEARNING HISTORY:

Check any of the following that have been problems for you.

- | | |
|---|--|
| <input type="checkbox"/> Motor coordination | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Spoken language | <input type="checkbox"/> Reading Comprehension |
| <input type="checkbox"/> Distractibility | <input type="checkbox"/> Math Computations |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Math Problem Solving |
| <input type="checkbox"/> Impulsivity | <input type="checkbox"/> Handwriting |
| <input type="checkbox"/> Social skills | <input type="checkbox"/> Written Expression |

Rate how often you have these problems 0 – Never 1 – Sometimes 2 – Often	0	1	2
Problems getting started on tasks.			
Difficulty prioritizing the most important activities to complete.			
Unable to determine what is most important when preparing for meetings.			
Underestimate effort required to complete a project			
Unsure where to start when faced with multiple step tasks.			
Procrastinate and complete tasks at the last minute.			
Trouble organizing tasks or activities at home and/or work.			
Have a messy Briefcase, Desk, Home			
Trouble “tuning in” on what others are talking about.			
Complete only parts of multiple-step tasks.			
Ask others to repeat what they say.			
Struggle to stay focused on the right thing at the right time.			
Struggle to shift attention when necessary.			
Unable to consistently transition smoothly from one task to another.			
Get upset when others break rules			
Easily frustrated when first attempt is unsuccessful			
Inconsistent alertness throughout the day with or without any rhyme or reason.			
Struggle to sustain effort for most difficult multiple step tasks.			
Seem to over-focus on enjoyable activities.			
Struggle to maintain effort for easy, but boring, tedious, and/or monotonous tasks.			
Struggle to maintain effort after enjoyable activities are no longer novel or new.			
Unable to adjust speed to meet the needs of a task.			
Seem to do things the hard way.			
Turn in projects late or not at all.			
Fail to complete projects or chores in a reasonable amount of time.			
Arrive late and unprepared to meetings and/or family activities.			
Unable to figure out the amount of time required to complete a task or activity.			
Talk a lot but provide little information			
Interrupt Others			
Unable to handle even the smallest frustrations.			
Lose temper easily when faced with difficulty.			

Rate how often you have these problems 0 – Never 1 – Sometimes 2 – Often	0	1	2
Spend money I don't actually have for things I want now.			
Get impatient when asked to wait turn or wait in line.			
Take risks when driving.			
Interrupt others so I won't forget what I want to say			
Unable to consistently recall steps for multiple step tasks.			
Difficulty learning from experience.			
Fail to consistently apply past learning to new activities.			
Fail to recall details from what I have read.			
Struggle to recall policies and procedures.			
Struggle to organize good ideas into good written narratives.			
Trouble monitoring how well I am doing when completing multiple step projects			
Trouble maintaining momentum to complete complex lengthy projects.			
Make careless errors often.			
Unable to regulate actions to fit the situation (yell inappropriately).			
Trouble anticipating consequences of my actions.			
Trouble anticipating consequences of others' actions.			
Inconsistent in approach to problem solving.			
Feel nervous, anxious, or scared.			
Can't do things I want because of feeling nervous, anxious, or scared.			
Have to do things over and over again to prevent bad things from happening.			
Feel panicked all of a sudden for no real reason.			
Feel sad most days.			
Feel irritated most days.			
Have lost interest in doing things I have enjoyed in the past.			
Thoughts of actually hurting myself.			
Have trouble falling asleep more often than not.			
Sleep less than 3-4 hours per night but still have lots of energy.			
Doing more risky things than usual.			
Unexplained aches and pains.			
Hearing voices when no one else is around.			
Feeling detached or distant from my surroundings or memories.			

INFORMATION AND CONSENT FOR TREATMENT

Monte W. Davenport, Ph.D. is a Licensed Professional Counselor (LPC) engaged in providing mental health care services to clients. He is co-owner of Monte W. Davenport, Ph.D. and Associates, a Texas Professional Limited Liability Company (PLLC) doing business as Life Solutions of Dallas-Fort Worth.

Dr. Davenport has been trained to provide counseling, assessment, and consultation services. His training and experience allow him to assist you using a combination of mental health and human development principles and techniques, including the use of psychotherapy, to help improve mental, emotional, social, educational, spiritual, or career-related development. As an LPC, Dr. Davenport may assess, evaluate, and treat mental, emotional, or behavioral disorders and distresses that interfere with mental health. He may also implement and evaluate treatment plans using interventions that include counseling, assessment, consulting, and referral.

The success of your sessions with Dr. Davenport depends on the quality of both his and your efforts: Patients who take responsibility for changing their own thoughts and behaviors and actively work on their problems during and after counseling sessions are more likely to achieve their goals and receive more benefit from counseling than those who do not. Ultimately, you are responsible for lifestyle choices/changes that may result from therapy. You understand and agree that you will participate in the planning of your care, treatment or services, and that you may stop such care, treatment or services at any time.

If you have questions that require legal or medical knowledge, you should seek advice from your attorney or primary care physician or ask Dr. Davenport for a referral to a specialist in your area of concern.

Your relationship with Dr. Davenport is a professional and therapeutic relationship. In order to preserve this relationship and abide by the ethical standards of the Texas State Board of Examiners of Professional Counselors (§ 681.32 Texas Administrative Code, Chapter 681), it is imperative that Dr. Davenport and Monte W. Davenport, Ph.D. and Associates, PLLC refrain from any other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. Gifts, bartering, and trading services are not appropriate and should not be shared between you and Dr. Davenport.

Record Keeping

Dr. Davenport is required to keep records of your counseling sessions for a period of five years after the date of your last session. These records include dates of treatment, case notes, correspondence, progress reports, and billing information.

Confidentiality

Discussions between you and Dr. Davenport are confidential. No information will be released without your written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: abuse or neglect of minors; abuse, neglect, or exploitation of the elderly; abuse of patients in mental health facilities (§681.33 TAC, Ch.681); criminal prosecutions (§611.004 Texas Health & Safety Code, Ch. 611); child custody cases (§ 611.006 Texas Health & Safety Code, Ch. 611); situations where the therapist has a duty to disclose, or where, in the therapist's judgment, it is necessary to warn or disclose (§ 611.004 Texas Health & Safety Code, Ch. 611); fee disputes between the therapist and the client (§611.006 Texas Health & Safety Code, Ch. 611); or the filing of a complaint with the licensing board (§611.006 Texas Health & Safety Code, Ch. 611).

_____By initialing here, you acknowledge you have read, asked necessary questions about, and understand the information on this page.

Except for the specific situations listed above, you must provide signed permission before Dr. Davenport can share information with anyone about any aspect of counseling, assessment, or consultation services he has provided: you will be required to complete a "Release of Information" form in order to specify who should receive information from your file, what information they are allowed to receive, the purpose for which they may use the information, and the period of time during which you are granting the permission.

By checking-off the items listed below and signing this form, you consent to allow Monte W. Davenport, Ph.D. and Associates, PLLC to communicate with you using these methods:

- | | |
|--|--|
| <input type="checkbox"/> Home Address | <input type="checkbox"/> E-mail |
| <input type="checkbox"/> Home Phone | <input type="checkbox"/> Spouse's Cell Phone _____ |
| <input type="checkbox"/> Cell Phone (including voice mail) | <input type="checkbox"/> Spouse's E-mail _____ |
| <input type="checkbox"/> Text Message to Cell Phone | |
| <input type="checkbox"/> Other: _____ | |

By signing this form, you agree to immediately advise Monte W. Davenport, Ph.D. and Associates, PLLC in writing in the event of any changes in this information.

If you have any questions regarding confidentiality, you should bring them to Dr. Davenport's attention before signing this consent form. By signing this consent form, you are giving your consent to Monte W. Davenport, Ph.D. to share confidential information with all persons mandated by law and you are releasing and holding harmless Dr. Davenport and Monte W. Davenport and Associates, PLLC from any liability that may result.

Appointments and Charges

Payment is expected at the time services are rendered. We accept personal checks, cash and major credit cards (Discover, Visa, MasterCard, American Express.)

Upon payment, Monte W. Davenport, Ph.D. and Associates, PLLC will provide you a receipt which you can submit to your insurance company for reimbursement. Neither Dr. Davenport nor Monte W. Davenport, Ph.D. and Associates, PLLC participate in any insurance or managed care systems. You are solely responsible for any and all interactions with your insurance company. Neither Dr. Davenport nor Monte W. Davenport, Ph.D. and Associates, PLLC submit billing to insurance for reimbursement. By signing this information and consent form, you acknowledge your understanding that you are solely responsible for any and all fees resulting from services provided by Dr. Davenport.

Cancellations

Notice of cancellation must be received by phone at least 24 hours before your scheduled appointment; otherwise you will be charged \$70.00 for the missed appointment. You are responsible for calling to cancel or reschedule your appointment.

Legal Proceedings

In the event disclosure of your records or testimony is required by law, payment will be expected from you, regardless of whose attorney subpoenas Dr. Davenport's involvement. Dr. Davenport charges \$500.00 per hour for all time spent on legal proceedings.

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Consent for Treatment

By signing this consent form, you voluntarily agree to receive Mental Health assessment, care, treatment, or services, and authorize Monte W. Davenport, Ph.D. to provide such care, treatment or services, as are considered necessary and advisable. By signing this *Information and Consent* form, you the undersigned acknowledge that you have both read and understand all the terms and information contained herein. You agree that you have asked questions and sought clarification of anything unclear to you.

Signature

Date

Acknowledgement of Receipt of Notice of Privacy Practices

I understand that as part of my healthcare, Monte W. Davenport, Ph.D. & Monte W. Davenport, Ph.D. and Associates, a Professional Limited Liability Company (PLLC) doing business as Life Solutions of Dallas-Fort Worth, originates and maintains health records describing my health history, symptoms, evaluations, test results, diagnosis, treatment plans, and any plans for the future care or treatment. I understand that this information is utilized to plan my care and treatment, to bill for services provided to me, to communicate with other healthcare providers and other routine healthcare operations such as assessing quality and reviewing competence of healthcare professionals.

The *Notice of Privacy Practices* on the last page of this questionnaire provides specific information and thorough description of how my health information may be used and disclosed. I have been provided a copy of the *Notice of Privacy Practices* and I have been given an opportunity to review the *Notice* prior to signing this document. I understand that a revised *Notice of Privacy Practices* will be mailed to me if I provide my address below. I understand that I have the right to restrict the use and/or disclosure of my personal health information for treatment, payment, or healthcare operations and that Monte W. Davenport, Ph.D. and Associates, PLLC, is not required to agree to the restrictions requested. I may revoke this consent at any time in writing except to the extent that Monte W. Davenport, Ph.D. and Associates, PLLC has already taken action in reliance on my prior consent. This consent is valid until revoked by me in writing. I further understand that any and all records, whether written, oral or in electronic format, are confidential and cannot be disclosed without my prior written authorization, except as otherwise provided by law.

I acknowledge receipt of the *Notice of Privacy Practices* from Monte W. Davenport, Ph.D. and Associates, PLLC.

Signature

Date

By initialing here, you acknowledge you have read, asked necessary questions about, and understand the information on this page.

Monte W. Davenport, Ph.D. and Associates, PLLC respects the privacy of personal information and understands the importance of keeping this information confidential and secure.

This Notice describes how we protect the confidentiality of the personal information we receive. **Keep this notice for your records**

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health and medical record, usually serves as a Basis for planning your care and treatment

Means of communication among the many health professionals who contribute to your care

Legal document describing the care you received

Means by which you or a third-party payer can verify that services billed were actually provided

A tool in educating health professionals

A source of data for medical research

A source of information for public health officials charged with improving the health of the nation

A source of data for facilitation, planning and marketing

A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is in your record and how your health information is used helps you to:

Ensure its accuracy

Better understand who, what, when, where, and why others may access your health information

Make more informed decisions when authorizing disclosure to others

Your Health Information Rights

Although your health record is the physical property of Monte W. Davenport, Ph.D. and Associates, PLLC, the information, with the exception of raw psychological test data, belongs to you.

You may request restrictions on how your information will be used and disclosed for treatment, payment, and health care operations: Monte W. Davenport, Ph.D. and Associates, PLLC is not required to agree to the proposed restrictions. Monte W. Davenport, Ph.D. and Associates, PLLC must permit and accommodate reasonable requests for you to receive communications by alternative means or at an alternative location.

You have a right to inspect and obtain a copy of your health record with very limited exceptions (as provided for in 45 CFR 164.524) by submitting a written request to Monte W. Davenport, Ph.D. and Associates, PLLC. Access or denial will be provided within 30 days.

You may also request to have the information amended (as provided in 45 CFR 164.528). Monte W. Davenport, Ph.D. and Associates, PLLC may deny the request if the information is complete and accurate or was created by another entity.

Upon request Monte W. Davenport, Ph.D. and Associates, PLLC must provide you a written accounting of all non-routine disclosures made without your consent for up to six years. The first list you request within a 12-month period will be provided at no charge. For documents requested after 12 months, you may be charged.

You may revoke your authorization to Monte W. Davenport, Ph.D. and Associates, PLLC to use of disclose health information except to the extent that action has already been taken.

Our Responsibilities

Monte W. Davenport, Ph.D. and Associates, PLLC is required to:

Maintain the privacy of your health information

Provide you with a written notice of the uses and disclosures of protected health information (PHI) and your rights and Monte W. Davenport, Ph.D. and Associates, PLLC's legal duties related to PHI

Insure that the notice is provided on the first date of service delivery and posted

Maintain copies of notices and comply with requirements relating to revisions

Except in emergencies, Monte W. Davenport, Ph.D. and Associates, PLLC must obtain written acknowledgement of receipt or document good faith effort and the reason acknowledgement was not obtained

Abide by the terms of this notice

Notify you if we are unable to agree to a requested restriction

Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have supplied to us. We will not disclose your health information without your authorization, except as described in this notice.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact Monte W. Davenport, Ph.D. and Associates, PLLC at 817-798-3818. If you believe that your privacy rights have been violated, you can file a written complaint to the Texas State Board of Examiners of Professional Counselors at 1100 West 49th Street, Austin, Texas 78756-3183 or call the LPC Board office at 1-800-942-5540.

Disclosures for Treatment, Payment, and Health Operations

We will use or disclose your health information for payment. For example, a bill may be mailed to you. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use or disclose your health information when required or otherwise permitted by law in so far as the use or disclosure complies with and is limited to the relevant requirements of such law. For example, Monte W. Davenport, Ph.D. and Associates, PLLC is required to report child abuse and neglect to the authorities.

Other Permitted or Required Uses and Disclosures

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information related to that person's involvement in your care.

Marketing: We may contact you to provide information about meetings, treatment activities or other health-related benefits and services that may be of interest to you. Any written marketing communication must be sent in an envelope showing only the address of the sender and recipient must include Monte W. Davenport, Ph.D. and Associates, PLLC's phone number. If you choose not to receive further communications, Monte W. Davenport, Ph.D. and Associates, PLLC must remove your name from the distribution list within five days.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Law Enforcement: We may disclose your health information under a special court order meeting the specific requirements of 42 CFR.

Reporting a Crime: No authorization is required to report a crime (or threat of crime) on the premises or against staff or independent contractors at Monte W. Davenport, Ph.D. and Associates, PLLC. Information provided is limited to circumstances, name and address, and last known whereabouts.

Public Health: Information may be disclosed to report cause of death as required by law; report child abuse and neglect as required by law; and to medical personnel who assert reason to believe the health of an individual may be threatened.

Regulatory Activities: Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more clients, workers, or the public.

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