

**INTAKE FORM**

**Shirley N. Gruen, Ph.D., FPPR**

1111 Highway 6, Suite 252 - Sugar Land, Texas 77478 - (281) 491-5250

*Confidential Personal Data Form*

Name: \_\_\_\_\_ Male / Female: M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address / City / State / ZIP : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Marital Status: Single Married Separated Divorced Widowed

If married, how long: \_\_\_\_\_ If divorced/separated, since when: \_\_\_\_\_

Referred by: \_\_\_\_\_ Previous Treatment: Yes No  
If so, provider's name: \_\_\_\_\_

Presenting Problem: \_\_\_\_\_

*Financially Responsible Party*

E-mail Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Address / Zip: \_\_\_\_\_

Spouse/Parent's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

*Family History*

Children's Names & Ages: \_\_\_\_\_

Number of people you are living with at present: \_\_\_\_\_

*Additional Information*

Tobacco Use: Yes No Alcohol Use: Yes No

Legal Difficulties: Yes No Allergies: Yes No

Prescription Medications: \_\_\_\_\_

Over-the-Counter Drugs: \_\_\_\_\_

Herbal / Home Remedies: \_\_\_\_\_ Diet/Weight Loss: \_\_\_\_\_

**Continued on Next Page**









**ABUSE OR NEGLECT** We are required by law to report abuse or potential violent abuse. We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect or domestic violence or the possible victim of other crimes or to avert a serious threat to your health or safety of the health of others.

**NATIONAL SECURITY** We may disclose health information of Armed Forces personnel to military authorities under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counterintelligence and other national security activities and to law enforcement officials or correctional institutions having lawful custody of protected health information of inmates or patients under certain circumstances.

**PATIENT RIGHTS ACCESS** You have the right to look at or get copies of your health information with limited exceptions. You may request a format other than photocopies unless we cannot practically do so. You must make a request in writing to use a form supplied by this office. We will charge you a cost-based fee for expenses. You may gain access by sending us a letter. Copies will be charged \$ 5 for each page, \$ 40 per hour for staff time and postage for mailing. Or we will prepare a summary or an explanation of your health information for a fee.

**DISCLOSURE ACCOUNTING** You have the right to receive a list of instances in which we or our associates disclosed your health information for purposes other than treatment, payment or healthcare operations or certain other activities for the last 6 years, but not before April 14, 2003. Requesting this accounting more than once in a 12-month period we may charge you a cost-based fee for additional requests.

**RESTRICTIONS** You have the right to request that we place additional restrictions on the use and disclosure of your healthcare information. We are not required to agree to these additional restrictions. If we agree, we may not abide by the restrictions in an emergency.

**ALTERNATIVE COMMUNICATIONS** You have the right to request alternative means of communicating health information to you. This must be in writing. You must specify specifically the alternative means or location and provide a satisfactory explanation how payment will be handled under the alternative means or location you request.

**AMENDMENT** You have the right to request that we amend your health information. Such requests must be in writing and explain the reason for such amendment. We may deny your request under certain circumstances.

**ELECTRONIC NOTICE** If you receive this Notice on our Web site or by electronic mail (e-mail) you are entitled to receive this Notice in written form.

**QUESTIONS AND COMPLAINTS** If you want more information about Privacy Practices or have questions or concerns, contact us.

**Continued on Next Page**

