

**ETSU BEHAVIORAL HEALTH & WELLNESS CLINIC**  
**BOX 70416, JOHNSON CITY, TN 37614**  
**NEW CLIENT INFORMATION BROCHURE**

Welcome to the Behavioral Health and Wellness Clinic. We appreciate the trust you place in us to help you or your family. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions that you might have so that we can discuss them with you. Once you sign this, it will constitute a binding agreement between us.

**DESCRIPTION OF THE CLINIC**

The Behavioral Health and Wellness Clinic is a training clinic operated by the Department of Psychology at East Tennessee State University. The Department of Psychology has a doctoral program in Clinical Psychology. The program is for graduate students who are training to become psychologists. The BHWC is located at 139 Lucille Clement Hall on the campus of ETSU.

**HOW THE CLINIC OPERATES**

In most cases, individuals who come to the Behavioral Health and Wellness Clinic will be treated by an advanced graduate student who is supervised by a licensed psychologist or faculty member. The supervising psychologist may attend your sessions, may watch your sessions in another room on a video monitor, or may watch video recordings of your sessions at a later date. The supervisor will talk with the clinician about your visits in regularly-scheduled supervision meetings. In some cases, individuals will be treated by a licensed psychologist who is also a faculty member in the Department of Psychology. Student clinicians may participate in your treatment with the psychologist.

**PSYCHOLOGICAL SERVICES**

Services provided at the Behavioral Health and Wellness Clinic include psychotherapy for individuals, couples, families and groups. The BHWC also provides a wide range of assessment services. Populations served by the BHWC include children, adolescents and adults of all ages. Because the BHWC is a training clinic, we are not able to be involved in any legal cases or work that is "court ordered". We do not render any opinions for forensic cases, including divorce or child custody. Some of the clinical faculty have private practices. This document does not apply to their practices.

**PSYCHOTHERAPY**

It can be difficult to describe psychotherapy. People come to psychotherapy because they have a personal problem that they have not been able to solve by themselves. Psychotherapy typically involves talking about your problem with a clinician. Because the clinician is objective, he or she can help you look at your problem differently and help you identify possible solutions. When a person comes to psychotherapy, they are admitting "there is something wrong in my life." In psychotherapy the focus will be on your thoughts, feelings, beliefs, attitudes, behavior, and perceptions. Understanding *why* you have a problem is only part of the process. Making a change is also appropriate and desirable. In general, problems do not get better by doing nothing. Your clinician will help you make necessary changes so that you can live a happier, healthier, and more satisfying life. There are a number of different approaches that a clinician can use to address your problems. The approach will depend on the theoretical orientation of the clinician and the personalities of the clinician and the client. It will also depend on the particular problems that the client brings to treatment. Psychotherapy requires an active effort on your part. In order to be most successful, you may be asked to do "homework" between appointments.

**RISKS AND BENEFITS**

Psychotherapy has risks and benefits. Psychotherapy requires discussing unpleasant aspects of your life. Risks include negative feelings such as sadness, guilt, anxiety, anger or frustration. Psychotherapy can have benefits for people, too. Therapy often leads to feeling better, better relationships, and new skills for dealing with life's problems. Psychotherapy is not for everyone. If you think you are not being helped or are getting worse, please discuss this with your clinician. We will respond to your concerns. Because psychotherapy requires a strong effort by you and a strong relationship with your clinician there are no guarantees about the outcome.

**PSYCHOLOGICAL ASSESSMENT**

The Behavioral Health and Wellness Clinic offers a wide range of assessment services. The BHWC can offer intelligence testing, personality testing, vocational or career testing, and assessment for special concerns such as learning disabilities or autism. Fees for

integrated assessment batteries are \$225. All assessment fees must be paid in advance in order for the assessment to begin. Payment plans to do so are available.

## **MEETINGS**

Meetings at the Behavioral Health and Wellness Clinic are scheduled at times that are convenient for the client and clinician. The first appointment with you is called an intake interview. During this meeting, the clinician will gather information from you about what is causing you to seek help at this time, as well as some background and medical information. Following the intake interview, a clinician will be assigned to work with you. Unlike other clinics, the BHWC does not “overbook” appointments. Your appointment time is set aside just for you. Therefore, it is important that you keep your appointment once it is scheduled. If you need to cancel or reschedule your appointment, we ask that you contact us at least 48 hours (2 days) in advance so that we can put someone else in that appointment slot. It is equally important that you arrive on time for your appointment. We are not able to allow your appointment to run over if you arrive late because other people will be scheduled to be seen right after your appointment.

## **EVALUATION**

The first few sessions will involve an evaluation of your needs. By the end of the evaluation, the clinician will offer you some initial impressions. The clinician will develop an initial treatment plan with you. You should evaluate this information. You should also decide whether you feel comfortable working with the clinician.

## **THE THERAPEUTIC RELATIONSHIP**

The nature of psychotherapy is very emotionally close and often intense. It is not necessary for a client and clinician to like each other. It can be very helpful, though. It is most important to form a trusting relationship with each other. You should believe your clinician wants the best for you. And your clinician should believe that you are being as open and honest as you can. The therapeutic relationship is one-sided. Your clinician will know a lot about you and you will know very little about your clinician by comparison. This can sometimes feel uncomfortable for a client. You may want to discuss these feelings of discomfort if they arise. Additionally, it is important to realize that the therapy relationship is always a professional relationship. It does not lead to another kind of relationship. So-called “dual relationships” are considered a violation of legal and ethical guidelines in the state of Tennessee. Because we live in a fairly small community, it is sometimes unavoidable that you may see your clinician in other settings. In situations like this, it will be important to discuss this and determine a course of action that is reasonable and will protect your rights as a client.

## **FEES**

Fees for individual, couple and family psychotherapeutic services at the Behavioral Health and Wellness Clinic are set on a sliding scale. This scale is based on total family income (before taxes) and the number of people in the family. The fee ranges between \$5 and \$100 for a 45 minute appointment. To determine the fee, you are asked to provide proof of income. This includes your last two pay stubs and the most recent tax return. Fees for assessment are \$225 for integrated assessment batteries. Fees for group therapy vary according to the type of the group offered.

## **PAYMENT**

Payment for services is expected at the time of your appointment. The Behavioral Health and Wellness Clinic accepts cash, check, most credit/debit cards, and ID Bucs as a form of payment. The fee for services will be agreed to at the time services are requested. In order to keep the costs of doing business down, we require all clients to keep their accounts current. By doing this, we do not have to use a billing service. A client who has not paid for their appointments for two sessions in a row will not be scheduled again until their account is caught up. If for some reason your account is more than 60 days overdue, we have the option to use legal means to secure payment. This includes collection agencies or small claims court. In most cases, the only information that is released about a client’s treatment would be the client’s name, the nature of the services provided, and the amount due. In the unlikely event a collection agency or small claims court is utilized, you will be expected to pay those costs in addition to the original therapy bill. **The fee for a returned check is \$30.00 per occurrence.**

## **INSURANCE REIMBURSEMENT**

The Behavioral Health and Wellness Clinic is able to bill only **BlueCare, TennCare Select, and CoverKids** at this time.

## **ATTENDANCE AT APPOINTMENTS**

Frequently missed appointments or canceling appointments at short notice can be a result of poor planning. However, past experience suggests it usually reflects mixed feelings about being in therapy. Irregular attendance at therapy appointments and repeatedly arriving late for an appointment is a “therapeutic issue.” It is an obstacle to making progress in therapy. If this occurs, your therapist will discuss your attendance at therapy and your motivation to be in therapy at this time. If you do not attend your appointments regularly or cooperate with treatment recommendations, you may be terminated from therapy.

**Substances:** It is expected that clients will arrive for their appointments free from the influence of mood or mind altering substances except for those that are legally prescribed and taken as prescribed. If a clinician suspects that a client has arrived for an appointment under the influence of alcohol or other drugs, the clinician will consult with a supervisor and if necessary make arrangements for the safe transportation of the client back home.

**Weapons:** Weapons of any kind will not be permitted on the campus of ETSU. Guns, knives, etc. should be left at home.

## **INCLEMENT WEATHER POLICY**

In the event of inclement weather it is up to the individual client and the treating clinician to decide whether or not they feel it is safe enough for them to travel to the clinic to keep their appointments. In the event that University offices are closed due to inclement weather, the BHWC will also be closed. Please check ETSU’s website: [www.etsu.edu](http://www.etsu.edu) or listen to WETS-FM 89.5 for updates regarding University closures.

## **CONTACTING US**

The phone number for the Behavioral Health and Wellness Clinic is 423-439-7777. The telephone is answered by a receptionist or a confidential voicemail. Most of the clinicians and supervisors are in the BHWC on a part time basis because of other demands placed on their time. If you need to leave a message for someone, please leave some days and times when you will be available for a return call. *We will need a phone number where it will be permissible to leave a message for you on an answering system or with another party. All messages will be discreet.*

**EMAIL:** *Our EMAIL system at ETSU is not encrypted and therefore is not a confidential form of communication. Clinicians and staff members will not be able to respond to your requests for communication via this medium.*

**TEXTING:** *TEXTING is not a confidential form of communication and is not possible on our land lines. We will not be able to communicate with you via text messaging.*

**The BHWC does not offer crisis counseling or emergency services. If you cannot reach your clinician, and you feel that you cannot wait for a return call, you should phone your family physician. If you do not have a family physician, you should go to the emergency room at the nearest hospital and ask for the psychiatrist on call.**

## **THOUGHTS OF HARM TO SELF OR OTHERS**

If you have thoughts of harming yourself or someone else between sessions, please call the **National Suicide Prevention Hotline at 1-800-273-8255. In the event of a true psychological emergency, please call 911 or go to the nearest emergency room.**

## **PROFESSIONAL RECORDS**

Both law and the standards of the psychological profession require that we keep medical records. If you wish to see your records, your clinician will be happy to review them with you, or provide you with a treatment summary. HIPAA policies require that we limit who has access to your records. We will forward a treatment summary to another appropriate mental health professional at your request with a signed release of information.

## **CONFIDENTIALITY**

In general, law protects the confidentiality of all communications between a client and a psychotherapist. Information about your work together can only be released to others with your written permission. However, there are a number of exceptions: 1) in a judicial proceeding, a judge may require testimony if he/she determines that resolution of the issues before him/her demands it; 2) if the clinician believes that a child, an elderly person, or a disabled person is being abused or neglected, the clinician must file a report with the appropriate state agency; 3) if a client is threatening serious bodily harm to another, the clinician is required to take protective action, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization; 4) if a client threatens to harm him/herself, the clinician is required to take steps to prevent this, which may require seeking hospitalization for the client, contacting family members or others.

In the state of Tennessee, a child who is 16 years of age or older has the same rights as an adult to seek outpatient mental health treatment and to make medication decisions. They also have the same rights to confidentiality. If your child is 16 years of age or older, he or she is able to seek outpatient mental health treatment without your consent. The staff of the Behavioral Health and Wellness Clinic will work with you to understand this law and respect your child's confidentiality. Depending on the nature of your child's concern, we may also respectfully ask you to consider extending confidentiality to your child younger than 16 years of age as well.

Accrediting organizations, third party payors, and state licensing inspectors will occasionally inspect our facility and review our records including our business practices and patient records to insure that we are providing legal, ethical and competent services. These auditors are required to adhere to the same principles of confidentiality as all employees and trainees of the BHWC.

This list of exceptions to confidentiality should provide information to you about potential problems. It is important that you discuss any questions or concerns that you may have with your clinician. The laws governing these issues are quite complex. If you need specific advice, you may want to consult an attorney.

### **SUPERVISION**

Student clinicians are supervised by licensed psychologists who are either employed by ETSU as faculty or who are contracted to provide supervision. The supervising psychologist may attend your sessions, may watch your sessions in another room on a video monitor, or may watch video recordings of your sessions at a later date. The supervisor will talk with the clinician about your visits in regularly-scheduled supervision meetings. Sometimes this supervision occurs in a group setting. Supervisors and supervisees are also legally and ethically bound to keep information revealed in these meetings confidential.

### **VIDEO RECORDING**

If you are treated by a student clinician, video recording of your sessions is required as part of their educational requirements. These recordings are for training purposes only. They are kept temporarily and are not part of your medical record. They are locked in a secure location accessible only by the clinician and the supervisor. They are erased, recorded over or destroyed at specified times. You will be asked to sign the "Consent to Record Treatment and Assessment" later in this document before your first appointment. If you do not sign the consent, you cannot be treated in the Behavioral Health and Wellness Clinic.

**PLEASE SAVE THIS DOCUMENT FOR FUTURE REFERENCE**

**BEHAVIORAL HEALTH AND WELLNESS CLINIC  
NOTICE OF PRIVACY PRACTICES (BRIEF VERSION)**

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

**Our commitment to your privacy**

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We are also required by law to keep your information private. These laws are complicated, but we must give you this important information. This is a shorter version of the attached, full, legally required notice of privacy practices. Please talk to our privacy officer (see the end of this form) about any questions or problems. Patients will be notified immediately in the event of a breach of their protected health information.

**How we use and disclose your protected health information with your consent**

We will use the information we collect about you mainly to provide you with **treatment**, to arrange **payment** for our services, and for some other business activities that are called, in the law, **health care operations**. After you have read this notice we will ask you to sign a **consent form** to let us use and share your information in these ways. If you do not consent and sign this form, we cannot treat you. If we want to use or send, share, or release your information for other purposes, we will discuss this with you and ask you to sign an authorization form to allow this. We will not sell any information for marketing or sales.

**Disclosing your health information without your consent**

There are some times when the laws require us to use or share your information. For example:

1. When there is a serious threat to your or another's health and safety or to the public. We will only share information with persons who are able to help prevent or reduce the threat.
2. When we are required to do so by lawsuits and other legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For workers' compensation and similar benefit programs.

There are some other rare situations. They are described in the longer version of our notice of privacy practices.

**Your rights regarding your health information**

1. You can ask us to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.
2. You can ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
3. You have the right to look at the health information we have about you, such as your medical and billing records. You can get a copy of these records, but we may charge you for it. Contact our privacy officer to arrange how to see your records. See below.
4. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You have to make this request in writing and send it to our privacy officer. You must also tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this notice, we will post the new version in our waiting area, and you can always get a copy of it from the privacy officer.
6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our privacy officer and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way. Also, you may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise. If you have any questions regarding this notice or our health information privacy policies, please contact our privacy officer, **Dr. Kerry Holland**. She can be reached by phone at **423-439-7777**. The effective date of this notice is **April 14, 2003, revised September 20, 2013**.

## CLIENT RIGHTS & RESPONSIBILITIES

### As a client of the Behavioral Health and Wellness Clinic you have the right:

- To be treated with courtesy, consideration, respect and with full recognition of your dignity and individuality
- To confidential treatment and assessment services within the limits mandated by law
- To fair treatment, regardless of your race, religion, gender, ethnicity, age, disability, sexual orientation, gender identity or source of payment
- To participate in the development of your plan and to receive sufficient information about proposed and alternative interventions and program goals to enable you to participate effectively
- To be free from physical, verbal and emotional abuse, neglect, exploitation and discrimination
- To refuse services and be informed of the impact on your treatment
- To be informed of any changes in your care, including the type, amount, and frequency
- Not to be required to make public statements which acknowledge gratitude to the BHWC
- Not to be required to perform in public gatherings
- Not to be required to perform any work for the BHWC or supervise other BHWC clients in any work activities
- Not be photographed without written and signed consent by you or your guardian
- To voice grievances to staff of the facility, to the licensee, and to outside representatives of their choice with freedom from restraint, interference, coercion, discrimination, or reprisal and to have such grievance appropriately documented and processed per the grievance policies of the clinic and ETSU.

### MODIFICATION OR LIMITATION OF AN INDIVIDUAL CLIENT'S RIGHTS

#### As a client of the BHWC your rights may only be modified or limited under the following conditions:

- If it is demonstrated and documented that such modification or limitation is necessary because of your physical or mental condition
- Your rights regarding confidentiality may be breached under the following circumstances:
  - If you pose an imminent threat of harm to yourself or to another person. This may require law enforcement involvement or psychiatric hospitalization
  - If you report abuse or neglect of a child, an elderly, or a disabled person, law enforcement would be contacted to follow up on the disclosure
  - If information contained in your medical record is subpoenaed or court-ordered, this information may have to be disclosed

## RESPONSIBILITIES

#### As a client of the BHWC you have the responsibility to:

- Cooperate with the policies and guidelines under which the BHWC operates
- Keep scheduled appointments and if unable to keep an appointment to cancel or reschedule giving adequate notice of 48 hours
- Arrive promptly for scheduled appointments
- Arrive for your appointment sober, not under the influence of any drugs or alcohol
- Not bring any weapons on campus or to your appointments
- Be as open and honest as possible with your clinician
- Participate fully in your therapy, including doing homework assignments
- Tell your clinician if you believe the treatment is not working
- Pay for services at the time they are delivered unless you have previously made other arrangements
- End your treatment with a final, wrap-up session. This allows us to help you plan for maintaining your progress after treatment ends.

## **BHWC GRIEVANCE POLICY**

**Clients receiving services at the Behavioral Health and Wellness Clinic have the right to access a grievance procedure to insure their rights. You have the right to voice grievances to the staff of the BHWC, and to outside representatives of your choice with freedom from interference, coercion, discrimination, or reprisal.**

1. The client or anyone acting on behalf of the client can make a grievance
2. If you have a complaint or grievance related to treatment in the Behavioral Health and Wellness Clinic, you may submit your complaint or grievance in any of the following ways:
  - a. Verbally to Dr. Kerry Holland, Clinic Director, she will make a written record on a grievance report form
  - b. Written by way of a grievance report form
3. Grievance report forms are available from the staff in the front office.
4. The Clinic Director will review your complaint and contact you regarding action to be taken.
5. A copy of the grievance report will be kept in your medical record, and a de-identified copy will be kept for reporting to our accrediting agency.

Any question or specific concerns regarding service recipient's rights or to report a complaint may be directed to any of the following:

<b>Dr. Kerry Holland, Clinic Director</b>	<b>Phone # 423-439-7777</b>
<b>Dr. Peggy Cantrell, Director of Clinical Training</b>	<b>Phone # 423-439-6660</b>
<b>Dr. Wallace Dixon, Chair of Psychology Department</b>	<b>Phone # 423-439-6656</b>
<b>TN State Office of Licensure &amp; Review</b>	<b>Phone # 1-866-777-1250</b>
<b>Disability Law and Advocacy Center of TN</b>	<b>Phone # 1-800-342-1660</b>
<b>TN Department of Human Services – Adult Protection Services</b>	<b>Phone # 1-888-277-8366</b>

### **DIRECTOR OF THE BEHAVIORAL HEALTH AND WELLNESS CLINIC**

Dr. Kerry Holland is the Director of the Behavioral Health and Wellness Clinic. If you have any questions about the policies or procedures of the clinic, you may contact her at 423-439-7777.

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**CONSENT TO RECORD TREATMENT AND ASSESSMENT**

I understand that the Behavioral Health and Wellness Clinic is a training clinic and is part of the Department of Psychology at East Tennessee University. I understand the clinicians are graduate students and faculty members in the doctoral program in Clinical Psychology. The graduate students are supervised by licensed psychologists. The supervisor may be present during my appointment, or he/she may be observing my appointment on a video monitor in another room. The supervisor may also observe my appointment on a video recording. In order to provide good training, the BHWC requires student clinicians to record their sessions. The videos are reviewed during formal supervision meetings. This is solely for educational purposes. No other use is permitted or authorized.

**Storage and Disposal of Video Recordings:** Video recordings are stored in a separate file kept under lock and key. They are accessible only to the supervisor and the graduate student clinician. Because they are required for training purposes, they are not part of the patient file. They are only kept temporarily and are regularly erased and recorded over. This means the recordings are not available for review by anyone except the supervisor and the student clinician. When you finish your work at the Behavioral Health and Wellness Clinic, the recording will be destroyed.

I understand that observation including recording of my sessions with graduate student clinicians is required if I wish to receive treatment in the Behavioral Health and Wellness Clinic. I give consent for observation and recording of my sessions or the sessions of my minor child.

\_\_\_\_\_  
Signature of Client or his/her personal representative

\_\_\_\_\_  
Date

The rest of your rights and responsibilities regarding your treatment will be reviewed with you during your first appointment.

**NOTE TO STAFF: PLEASE TEAR OFF THIS CONSENT AND PLACE WITH THE REST OF THE CONSENT FORM.**

## Demographic and Brief Health Information Form

Please fill out all information as it applies to the person seeking treatment. Please write N/A if the question does not apply to you.

Today's Date: \_\_\_\_\_

**Note:** Have you ever been a patient here before?  No  Yes

If yes, did you have a different name before?  No  Yes If yes, what was it before? \_\_\_\_\_

Who referred you to the clinic? \_\_\_\_\_

### A. Identifying Information

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parents' Names (if client is a child): \_\_\_\_\_ Name of Legal Guardian: \_\_\_\_\_

Nickname: \_\_\_\_\_ Social Security #: \_\_\_\_\_

What is your ethnicity, national origin, race or other important way you identify yourself : \_\_\_\_\_

Home Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_  Home  Cell  Work Is it OK to leave a message using our Clinic name?  No  Yes

Phone 2: \_\_\_\_\_  Home  Cell  Work Is it OK to leave a message using our Clinic name?  No  Yes

Phone 3: \_\_\_\_\_  Home  Cell  Work Is it OK to leave a message using our Clinic name?  No  Yes

Calls will be discreet, but please indicate any restrictions: \_\_\_\_\_

### B. Emergency Information

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

### C. Developmental History (*complete this section if the client is under the age of 12*)

Pregnancy and Delivery:

Prenatal medical illnesses and health care: \_\_\_\_\_

Was the child premature?  No  Yes. Weight and height at birth: \_\_\_\_\_ pounds \_\_\_\_\_ inches

Any birth complications or problems?  No  Yes. If yes, please explain: \_\_\_\_\_

Early Development (first few months of life):

In the first few months of life did the child have any allergies?  No  Yes. If yes, please list:

Please describe sleep patterns or problems: \_\_\_\_\_

Temperament (Usual Emotional Expression/Behavior):

Milestones (at what age did this child do each of these?):

Walked on own: \_\_\_\_\_ Stayed dry all day: \_\_\_\_\_ Stayed dry all night: \_\_\_\_\_ Used toilet regularly: \_\_\_\_\_

Speech/language development

Age when child said first word understandable to someone outside the family: \_\_\_\_\_

Age when child said first sentence understandable to someone outside the family: \_\_\_\_\_

Any speech, hearing, or language difficulties?

\_\_\_\_\_  
\_\_\_\_\_

**D. Brief Health Information** (*ALL clients should complete the sections below*)

Where do you get your medical care?

Clinic/Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

If you enter treatment here, may we communicate about your issues with your medical doctor so that s/he can be fully informed and we can better coordinate your treatment?  No  Yes

Starting with your childhood and proceeding up to the present, please list allergies, major diseases, illnesses, important accidents and injuries, surgeries, hospitalizations, periods of loss of consciousness, convulsions/seizures, and any other medical conditions you have had. Continue on back of page if you need more space. For women please include if you have ever been pregnant?  No  Yes Do you have any difficulty with your monthly cycle or reproductive system?  No  Yes

Age	Illness/Diagnosis	Doctor/Hospital Needed?	What Happened as a Result?
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

Medication History (Please list all medications, drugs, or other substances you take or have taken in the last 6 months—prescribed, over-the-counter vitamins, herbs, and others). Continue on back of page if you need more space.

Medication/Drug	Dose (How Much?)	What Issue/Problem Do You Take it For?	Who Is It Prescribed By?	Taken as Prescribed?

Are there any other medical or physical problems you are concerned about?  No  Yes If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. Education and Training: Continue on back of page if you need more space.**

Dates From To		School Name and Type	Special Classes?	Adjustment to School	Did You Graduate?
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Good to Great <input type="checkbox"/> Okay <input type="checkbox"/> Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Good to Great <input type="checkbox"/> Okay <input type="checkbox"/> Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Good to Great <input type="checkbox"/> Okay <input type="checkbox"/> Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Good to Great <input type="checkbox"/> Okay <input type="checkbox"/> Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Good to Great <input type="checkbox"/> Okay <input type="checkbox"/> Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes

**F. Military History: Continue on back of page if you need more space.**

Dates From To		Branch	Stationed Where?	Highest Rank	Ever Lose Rank?	Job Title or Duties	Type of Discharge?
					<input type="checkbox"/> No <input type="checkbox"/> Yes		
					<input type="checkbox"/> No <input type="checkbox"/> Yes		
					<input type="checkbox"/> No <input type="checkbox"/> Yes		
					<input type="checkbox"/> No <input type="checkbox"/> Yes		

**G. Employment History (for the last 5 years): Continue on back of page if you need more space.**

Dates From To		Name of Employer	Job Title or Duties	Reason for Leaving

**H. Legal Problem History: Continue on back of page if you need more space.**

Have you ever been convicted of a crime?  No  Yes If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you presently suing anyone or thinking of suing anyone?  No  Yes If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is your reason for coming to the BHWC related to an accident or injury?  No  Yes If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**I. Additional Information: Continue on back of page if you need more space.**

Is there any other information you think we should know?  No  Yes If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*This is a strictly confidential patient medical record. Re-disclosure or transfer is expressly prohibited by law.*