



WIREFRASS BEHAVIORAL GROUP

LLC

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TODAY'S DATE: _____

NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

**PREFERRED PHONE NUMBER TO RECEIVE APPOINTMENT REMINDER BY
TEXT OR VOICE MAIL**

CELL PHONE: _____

HOME PHONE: _____

EMAIL: _____

POLICY HOLDER/INSURANCE/ INFORMATION

PRIMARY INSURED CARRIER: _____

INSURANCE POLICY/IDENTIFICATION NUMBER: _____

GROUP NUMBER: _____

POLICY HOLDER NAME: _____ **POLICY HOLDER DOB:** _____

INSURED EMPLOYER: _____

SECONDARY INSURANCE (If Applicable):

PRIMARY INSURED CARRIER: _____

INSURANCE POLICY/IDENTIFICATION NUMBER: _____

GROUP NUMBER: _____

POLICY HOLDER NAME: _____ **POLICY HOLDER DOB:** _____

EMERGENCY CONTACT: _____

PARENT / GUARDIAN NAME: _____

(If Patient is a minor)

*Please list anyone you would like to be able to receive information about your care such as appointments, medications (refills), etc. below.

Name	Relationship	Telephone Number

Patient Signature/Consent

Date

CURRENT SYMPTOMS – PLEASE CHECK ALL THAT APPLY

_____ Depression	_____ Mood swings
_____ Loss of interest	_____ Anger
_____ Crying spells	_____ Irritability
_____ Appetite or weight increase	_____ Easily frustrated
_____ Appetite or weight decrease	_____ Racing thoughts
_____ Appetite or weight unchanged	_____ Restlessness or pacing
_____ Decreased concentration	_____ Inflated or high self esteem
_____ Hopelessness	_____ Euphoria or happiness
_____ Helplessness	_____ Increased energy
_____ Guilty thoughts	_____ Don't need as much sleep
_____ Low self esteem	_____ Spending sprees
_____ Lowered hygiene	_____ Sexual promiscuity
_____ Isolating yourself	_____ Socializing too much
_____ Thoughts of death or dying	_____ Legal problems
_____ Thoughts of suicide or self-harm	_____ Traffic problems
_____ Symptoms worse during the day	_____ Impulsive behaviors
_____ Symptoms are worse at night	_____ Easily distracted
_____ Problems falling asleep	_____ Disorganized thinking
_____ Problems staying asleep	_____ Procrastination
_____ Problems waking up too early	_____ ADHD
_____ Problems sleeping too much	_____ Interrupting others
_____ Nightmares	_____ Rude behavior
_____ Sleep talking or other behaviors	_____ Road rage
_____ Fatigue or easily becoming tired	_____ Violence toward others
_____ Loss of energy	_____ Being a victim of violence
_____ Excess worry	_____ Bulimia or Anorexia
_____ Difficulty relaxing, feeling tense	_____ Exercising too much
_____ Easily startled	_____ Worried about weight & body
_____ Anxiety or panic attacks	_____ Hearing hallucinations
_____ Obsessive thinking	_____ Seeing hallucinations
_____ Germophobia	_____ Feeling hallucinations
_____ Perfectionistic tendencies	_____ Smelling hallucinations
_____ Social anxiety	_____ Feeling scared
_____ Performance anxiety	_____ Feeling someone is after you
_____ Compulsive behaviors	
_____ Rechecking what you did	
_____ Rituals	
_____ Other :	

WHO REFERRED YOU: _____

REASON FOR APPOINTMENT: _____

Signature below is acknowledgement that you have received the Notice of Privacy Practices & Office Policies

OUR DUTIES

- **Notice Changes** - We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you and any PHI we receive in the future. Current copies of this notice will be available at registration locations. The current Notice will also be posted at our website. The effective date of the notice will be posted on the first page.
- **Cell Phone/Email Mail** - We ask you not to use your cell phone or email in contacting our healthcare providers, personally. Cell Phone and Emails sent to and from you are not secure and could be read by a third-party.
- **Complaints** - If you believe your privacy rights have been violated, then you have the right to submit a complaint to us. Any complaints shall be made in writing or by telephone to Wiregrass Behavioral Group, 256 Honeysuckle Rd. Ste 2 Dothan, AL 36305. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against or penalized in any way for filing a complaint. You may also file a written complaint with the secretary of the US Department of Health and Human Services, 200 Independence Ave. S W, Washington DC, 20201, or call toll-free 877-696-6775, by email to OCRComplaint@hhs.gov or to Region V, Office for Civil Rights, US Department of Health and Human Services, 233 North Michigan Ave, Suite 240, Chicago, IL 60601, voice phone 312-886-2359, fax 312-886-1807, or TDD 312-353-5693.

Client / Legal Guardian Printed Name	Signature	Date
_____	_____	_____
Witness – Printed Name	Signature	Date
_____	_____	_____

Client's Consent for Communications

Please initial below, with your selection:

_____ I **consent** to my cell phone, home phone or email being used for communications from Wiregrass Behavioral Group, LLC (that are non-clinical and non-urgent only)

_____ I **do NOT consent** to my cell phone, home phone or email being used for communications from Wiregrass Behavioral Group, LLC

Client's Understanding

- I have read and understood the office policies and agree to abide by the rules listed therein
- I agree to be an active participant in my mental health recovery
- I have received a copy of the Office Policies
- I have received a copy of the Privacy Practices

Client / Legal Guardian Printed Name	Signature	Date
_____	_____	_____

Witness – Printed Name

Signature

Date