Wiregrass Behavioral Group LLC

256 Honeysuckle Rd, Ste 12
Dothan, AL 36305
Phone: (334) 792-6736
Fax: (334) 792-6737
www.WireBG.com

Leona Graham, MD
William Elkington, MD
Ruthanne Wilkes, MSN, FNP, PMHNP
Dallarie Jamison, MSN, FNP, PMHNP
Alexia Powell, MSN, FNP, PMHNP

Terry Bradley, MS, LPC
Penelope McDonald, MS, LPC
Fran Espey, MS, LPC
Walter Williams, MS, ALC
Stephanie Epding, MS, ALC

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 12 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