

CONFIDENTIAL INFORMATION (PAGE 2 OF 2)

Name: _____ Date: _____

Mailing address for billings: _____ City: _____ State: _____ Zip: _____

Telephone numbers which we may call and leave messages:

Bill insurance? Yes No Insurance phone: _____

Insurance name: _____

Insurance billing address: _____

Social security No: _____ Group No. _____

ID No: _____

Insured's Name: _____ Employer: _____

Relationship to insured? _____ Patient's date of birth: _____

Spouse's name: _____

Working? Yes (full or part time? ____) No

In school? Yes (full or part time? ____) No

Treatment due to accident? Yes No Date of accident: _____

I, _____, understand and agree to pay The Wholeness Institute the amount of \$_____ at the conclusion of each _____-minute consultation.

I understand that I am responsible for payment for consultations not canceled 24 hours in advance.

Payment for services rendered is due at the conclusion of the consultation unless other arrangements have been made.

Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

I will be happy to discuss my fees, schedule of payments, or any other questions relating to billing or insurance. Please do not hesitate to ask.

FOR OFFICE USE ONLY

Fee: _____ CPT: _____ Diagnostic Code: _____

Signature: _____

Billing instructions: _____

CONFIDENTIAL PERSONAL HISTORY (PAGE 1 OF 5)

NAME:

DATE:

RELATIONSHIP HISTORY

Which of the following people are or were sources of anxiety or frustration:	None	Mild	Definite	Extreme
paternal grandfather, presently				
paternal grandfather, in the past				
paternal grandmother, presently				
paternal grandmother, in the past				
maternal grandfather, presently				
maternal grandfather, in the past				
maternal grandmother, presently				
maternal grandmother, in the past				
father, presently				
father, in the past				
mother, presently				
mother, in the past				
brothers, presently				
brothers, in the past				
sisters, presently				
sisters, in the past				
spouse or lover, presently				
spouse or lover, in the past				
sons, presently				
sons, in the past				
daughters, presently				
daughters, in the past				
supervisor, presently				
supervisor, in the past				
fellow workers, peers, male, presently				
fellow workers, peers, male, in the past				

CONFIDENTIAL PERSONAL HISTORY (PAGE 2 OF 5)

NAME:

DATE:

Which of the following people are or were sources of anxiety or frustration:	None	Mild	Definite	Extreme
fellow workers, female, presently				
fellow workers, peers, female, in the past				
friends, male, presently				
friends, male, in the past				
friends, female, presently				
friends, female, in the past				
If you are a non professional, is working with professionals a source of anxiety?				

FEARS				
Check fears or phobias below:				
heights				
closed areas				
dark				
animals				
opposite sex				
people				
driving				
water				
fire				
being touched				
own death				
other's death				
flying				
travel				
other:				

CONFIDENTIAL PERSONAL HISTORY (PAGE 3 OF 5)

NAME: _____

DATE: _____

	None	One	2-5	6-10	Over 10
How many meaningful persons are in your life to whom you feel committed and with whom you share yourself totally?					
How many meaningful persons are in your life with whom you would share almost anything?					
How many people in your life do you feel are simply "close friends"?					
How many people are in your life whom you are not close but whom you feel comfortable being around?					

Have you found it difficult to find a suitable mate? Yes No

If you have been able to find a suitable mate or mates, have you found it difficult to maintain a meaningful relationship? Yes No

Have you been able to find a suitable mate and maintain a meaningful relationship? Yes No

AREAS OF CONCERN	None	Mild	Definite	Extreme
Do you feel you lack self-control and discipline?				
Do you feel you lack self-confidence?				
Do you feel self-conscious or shy in groups?				
Do you feel you live your life satisfying other people's goals?				
Do you feel most of your friends dominate you?				
Do you feel you dominate most of your friends?				
Do you feel unable to accept affection?				
Do you feel unable to give affection?				
Do you feel you are a compulsive person?				
Do you feel you are an intolerant person?				
Do you feel you are an impatient person?				
Do you feel you demand too much perfection from yourself?				
Do you feel there is a lack of communication between you and other people?				
Have you gained or lost weight recently without trying?				
Have you had trouble sleeping in the past month?				
Have you considered harming someone or something recently?				

