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Scottsdale, AZ 85260

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Clinical Psychologist

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Intake Information for Minors

Child Patient Information

Name _____ Age _____ DOB ____/____/____ Male ____ Female ____
Referral source (name) _____ Medical or Psychiatric Conditions _____
Medication(s) _____ prescribed by _____

Parent Information

Mother's Name _____ Telephone _____ (email) _____
Address (M) _____ City _____ State _____ Zip _____

Father's Name _____ Telephone _____ (email) _____
Address (F) _____ City _____ State _____ Zip _____

Others who have legal custody rights: _____ Any history of abuse? ____ yes ____ no

Confidentiality: Children respond better when therapeutic privacy is afforded. All communication between patient and psychologist will be held in confidence unless written consent for release is obtained from a parent, with few exceptions: psychologists are compelled by law to inform appropriate other person(s), including legal authorities, if there is evidence that a patient is in danger of creating serious bodily harm to self or someone else, or if there is reasonable suspicion a child has been abused. Records may also be released as a result of a court order. These situations have rarely occurred in my practice. Finally, some managed care plans require verbal and/or written treatment information from the care provider. If other members of the family participate in a session, they have rights to confidentiality as a collateral participant.

Office Policies & Procedures: Therapy sessions are 50 minutes, with rescheduling. Payment is due at the beginning of each session. The fee for one session is \$140. Other services, including telephone calls of more than 10 minutes, are charged at the same rate. You will be charged a \$50 fee for all missed appointments unless you provide 24-hour advance notice, this is not covered by insurance. This office accepts Visa or Master cards. You will be charged a \$15 fee for each returned check. I am often not immediately available by telephone. Phone messages are returned by the next business day. If you are experiencing a crisis and need immediate assistance, you should call the local 24 hr. crisis hotline (480) 784-1500 or 911.

Receipt of Privacy Notice: I acknowledge that I have received a copy of the office's Notice of Privacy Practices, which is available online. I have read and agree to the Office Policies and Procedures and Limits of Confidentiality.

Consent for Treatment: Formal consent is required before a psychologist can provide counseling or psychotherapy to a minor. By signing this form you are giving your consent for Dan Short, Ph.D., a psychologist licensed in the state of Arizona, to work with your child. The person signing this form must be the child's legal guardian.

Child guardian or legally authorized signature

Date

Child guardian or legally authorized signature

Date