## Bardos Psychological Services, PLLC

1481 W. Warm Springs Road, Suite 136 Henderson, NV 89014 Phone: (702) 487-9169

## **CLIENT INTAKE FORM**

(Please Print)

| Today's Date             | Therapist                        |              |  |                 |          |
|--------------------------|----------------------------------|--------------|--|-----------------|----------|
| CLIENT                   |                                  |              |  |                 |          |
| INFORMATION              |                                  |              |  |                 |          |
| Client's Last Name       | First                            | Middle       | Title                                  | Marital         | Status   |
|                          |                                  |              |  |                 |          |
| Is this your legal name? | If not, what is your legal name? | Maiden Name  | Birth Date                             | Age             | Sex      |
| Yes No                   |                                  |              | / /                                    |                 |          |
| Street Address           | City State Zip                   | Social       | Home Phone                             | Number          | <u>l</u> |
|                          | Code                             | Security     | ( )                                    |                 |          |
|                          |                                  |              | Can we contact you at this number? Y/N |                 |          |
| P.O Box                  | City State Zip                   |              | Cell Phone                             | Number          |          |
|                          |                                  |              | ( )                                    |                 |          |
|                          |                                  |              | Can we contact you at this number? Y/N |                 |          |
| Occupation               | Employer                         | I            | Work Phone                             | Number          |          |
|                          |                                  |              | Can we contact you at this number? Y/N |                 |          |
| Referred By:             | Website Google                   | Other:       | Email:                                 |                 |          |
| Psychology Today         | Family Friend                    |              |  |                 |          |
| IN CASE OF               | Tunny Tionu                      |              |  |                 |          |
| EMERGENCY                |                                  |              |  |                 |          |
| Name of Local Friend or  | Relative                         | Relationship | Home Phone                             | Cell            | Work     |
|                          |                                  | to Client    | Number                                 | Phone<br>Number | Phone    |
|                          |                                  |              |  |                 |          |
|                          |                                  |              |  |                 |          |
|                          |                                  |              |  |                 |          |

## PLEASE READ THE FOLLOWING CAREFULLY

## **Cash Pay**

I understand it is the policy of Bardos Psychological Services, PLLC to require payment in full prior to or at the time of service. I agree to be financially responsible for all charges and pay for all services. I understand that all payments are non-refundable. Any credit on my account will apply to future sessions. I understand I will incur a fee of \$25.00 for any returned check(s) and a fee of \$125.00 for any appointment canceled without 48 hour notice or if I fail to come to a scheduled session. After the first late cancellation, I will incur the entire session fee.

Occasionally, patients request additional services such as supplemental reports, attendance at meetings, school visits or conferences, consultation with other providers, or other services not included in weekly psychotherapy. My fee for such services is prorated at the same hourly rate as psychotherapy sessions. If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge \$250/hour for preparation and attendance at any legal proceeding.