

Positive Outcomes Psychological Services, P. C.
Harvey L. Gayer, Ph.D., GCSP, Director
Licensed Psychologist (GA 2137)
Nationally and State Certified School Psychologist
485 Huntington Rd., Suite 201, Athens, GA 30606
Office 706-546-8440 Fax 706-546-8456

Initial Evaluation

Demographic Information
(Please complete all questions on this form)

Date: _____

Patients Name: _____

Address: _____

Phone (home): _____ Phone (work): _____

Date of Birth: _____ Social Security #: _____

Guardianship (for children and adults when applicable): _____

Marital Status (check one):

Never married Divorced
 Married Separated
 Widowed Cohabiting

Race (optional):

White Native American
 African-American Asian
 Hispanic Other

Gender: Male Female

Age: _____

Family Members:

Name	Age	Sex	Relationship
------	-----	-----	--------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employer: _____ **Occupation:** _____

School (for children, and adults when applicable): _____

Referral Source: _____

Insurance Information:

Insurance Company/HMO: _____ Phone: _____

Member ID #: _____ Managed Care Company: _____

Subscriber Name: _____ Group Number: _____

Employer: _____

Claims Address: _____ Phone: _____

Emergency Information:

Name of Emergency Contact: _____ Phone: _____

Relationship to Patient: _____

Advance Directives:

I have an Advance Directive/Instruction for Mental Health Treatment: ___yes ___no

I request that payment of authorized third party benefits be made on my behalf to Dr. Harvey Gayer for any services furnished to me by her or her assistants. I understand my signature also authorizes release of any information contained in my records to any relevant insurer, or its assignees, necessary to pay a particular claim. By my signature, I acknowledge that I am ultimately responsible for payment of all fees in the event that payment is not received by a third party for any reason. In some cases, a third party may be contacted for confidential collections.

A minimum of 24 hours of cancellation of your appointment is required. If you are unable to keep your appointment and do not properly notify the office, you will be charged the full fee of services.

Signature of Patient or Responsible Party

Date