

Psychologically Speaking with Dr. Jack Singer, LLC

NEW CLIENT INFORMATION SHEET

Instructions

1. Print form (2 pages)
2. Fill in information and sign
3. Scan and email to drjack@askdrjack.com

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NEW CLIENT INFORMATION SHEET FOR MINORS

Athletes Name: _____ Age: _____ Sex: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone:() _____ Cell Phone:() _____ Referred By: _____

Athlete's Email: _____

Name of Coach: _____ Coach's' Phone: () _____

Mother's Name: _____ Cell Phone: () _____

Mother's Occupation: _____ Business Phone: () _____

Father's Name _____ Business Phone: () _____

Father's Occupation: _____ Phone: () _____

Emergency Contact: _____ Phone:() _____

Reason for seeing Dr. Singer:

Goals you and your athlete wish to accomplish as a result of working with Dr. Singer:

1. _____
2. _____
3. _____

Dr. Jack Singer, Ph.D., Licensed Clinical Psychologist, Sport Psychologist, Marriage, Family & Relationship Therapist, Professional Speaker

I understand that I am directly and fully responsible to Dr. Jack Singer for all services rendered to me and/or members of my family by Dr. Jack Singer.

Dr. Singer has explained that his fee is \$175 for 30 minute session and \$325 per full 60 minute session and he pro-rates fees for other amounts of time. I further understand that payment is expected when services are rendered and is not contingent on any settlement, judgment or insurance payment, which I may eventually receive.

Dr. Singer will provide me with receipts, which I can file with my insurance company for reimbursement consideration.

Your Signature: _____ Date: _____

Payment Options

1. You may pay through PayPal to Dr. Singer's account: drjack@funspeaker.com
2. You may send a check directly to Dr. Singer at: 3472 Renaissance Park Place, Cary, NC 27513

Note: All consulting will be conducted via phone, Face Time, and Skype (teletherapy). The charge will be pro-rated, based on \$325 per hour. Cancelled phone or office appointments with more than 24 hours' notice will not be charged, but cancellations with less than 24 hours' notice and missed appointments will be charged \$125. Also, please note that I do not conduct therapy via email, texting or twitter because such media are not confidential. Please do not use those media other than to verify or change appointments, or to ask me to contact you.

Parent/Guardian Signature: _____ Date Signed: _____

It is understood that communication between an athlete/patient and a psychologist is strictly confidential. If I or my child desires to have any information disclosed to his/her coach, doctor, teachers, etc., it can only be disclosed by signing the authorization below. (You only need to sign below if you desire Dr. Singer to disclose or receive information about your athlete from his/her coach, teacher or doctor.)

This is to authorize Jack Singer, Ph.D. to request and/or release any information regarding

_____ to/from: _____

Parent/Guardian Signature: _____ Date: _____