Enclosed you will find our new client information packet. Please complete all forms and return them to Serenity Now. Once we receive your completed packet with a copy of your insurance card, your information will be reviewed by our Clinical team to determine if we can appropriately serve your needs. Serenity Now is an independent psychiatric and counseling clinic which provides specialized services. When our ongoing clients are interested in psychiatric medication management, we work on a team philosophy in which clients receiving medications are also actively engaged in therapy with our staff at Serenity Now. At this time we are unable to see children under the age of 12 for medication management.

**FIRST APPOINTMENT:** Coming in for treatment for the first time to a new location can be intimidating for some. You will be meeting with one of our therapists on your first appointment to complete your initial evaluation. If appropriate, the therapist will make arrangements for you to be scheduled with one of our prescribers for medications at a later date. **You will not be prescribed medication on your initial evaluation at Serenity Now.**

If the client is a minor (under the age of 18) the legal guardian (parent, case worker or state appointed guardian) **MUST BE PRESENT FOR THE INITIAL APPOINTMENT** and at every medication appointment with Dr. Eckard or Carrie Long, PMHNP. If there is a custody arrangement, make sure to bring a copy of the custody papers.

If you have any mental health records, school records or psychological testing within the last five years, please obtain a copy and have them sent to our office. In order to provide the best mental health services it is crucial to obtain as much background information as possible. Please complete any needed Releases of Information so we may contact your referring resource.

**ATTENDANCE:** We have a strict policy in place on attendance. It is the policy of Serenity Now that failure to attend a scheduled appointment or failure to cancel a scheduled appointment more than 24 hours in advance, may result in a $25 fee. This fee will need to be paid prior to your next appointment. Three no-shows or late cancellations within a 6 month period will result in termination of services. If you miss your initial appointment we will not reschedule.

Thank you for considering us for your mental health needs.
IMPORTANT INFORMATION REGARDING INSURANCE

It is your responsibility to check with your insurance carrier to ensure that our providers are within your network.

Please check with your insurance prior to your first appointment.

When sending in your intake packet, please provide us with a copy of the front and back of your insurance card. We will be happy to copy it for you when you drop off your intake packet, if you don’t have access to a copier.

Our providers are as follows:

Dr. John Eckard- Psychiatrist
Carrie Long, PMHNP
Tom Trent, LCSW- Staff Therapist
Paralee Daggy, LCSW- Staff Therapist
Michael Dockery, LMFT- Staff Therapist
Charles “Randy” Bugh, LMHC, LCAC- Chemical Addictions Counselor and Staff Therapist
Cara Williams, LCSW- Staff Therapist
Kaitlin Pickett, LMHC- Staff Therapist
Mary Miller, LMHC- Staff Therapist
Haley Maranda, LMHC- Staff Therapist
Brandy Terrell, LCSW- Staff Therapist

Revised 1/18
Serenity Now Patient Demographic Sheet

Name: ____________________________ Date of Birth: ____________________________

First Middle Last

Social Security Number: ____________________________

Address: ____________________________

City/State/Zip: ____________________________ Primary Phone: ____________________________

Sex: Male / Female Status: Single / Married / Widowed / Divorced

Email address: ____________________________

Is this visit covered by your Employee Assistance Program (EAP): Y / N Authorization Number: ____________________________

Emergency Contact

Name: ____________________________ Phone: ____________________________

Relationship: ____________________________

Primary Insurance

Company: ____________________________ Policy Number: ____________________________

Policy Holder Name: ____________________________ Policy Holder Date of Birth: ____________________________

Policy Holder Address: ____________________________ Policy Holder SS#: ____________________________

City/State/Zip: ____________________________ Relationship to Patient: ____________________________

Secondary Insurance

Company: ____________________________ Policy Number: ____________________________

Policy Holder Name: ____________________________ Policy Holder Date of Birth: ____________________________

Policy Holder Address: ____________________________ Policy Holder SS#: ____________________________

City/State/Zip: ____________________________ Relationship to Patient: ____________________________

Financial Responsibility

Name: ____________________________ Relationship: ____________________________

Address: ____________________________ Phone Number: ____________________________

City/State/Zip: ____________________________ Employer: ____________________________

Coordination of Benefits

Primary Care Doctor: ____________________________ Phone Number: ____________________________

I give permission to Serenity Now Psychiatric and Counseling Services to contact my primary care provider to inform them that I am seeking treatment. This information will be limited to the Coordination of Benefits guidelines and will not include personal information disclosed during treatment without a Release of Information signed by myself/guardian/representative.

Signature: ____________________________ Date: ____________________________

Revised 5/2015
I understand the policies listed below and agree to them as a condition of receiving treatment at Serenity Now Psychiatric & Counseling Services:

- Failure to attend a scheduled appointment, or failure to cancel a scheduled appointment more than 24 hours in advance, may result in a $25 fee.
- This fee must be paid prior to the next scheduled appointment.
- Three no-shows or late cancellations within a 6 month period, may result in termination of services.
- In addition, more than 6 cancellations, reschedules, no-shows, and/or late cancellations within a 1 year time period, may result in termination of services.
- A late cancellation or no show with your therapist may also result in the cancellation of all future scheduled appointments at Serenity Now until you are seen by your therapist again.

- As a courtesy, Serenity Now will make reminder calls 1 Day before the scheduled appointment. This call is only a courtesy to our clients. If you do not receive a reminder call, you are still responsible for attending your appointment or rescheduling no later than 24 hours before your appointment to avoid the no show or late cancellation fee.

- If you no show or late cancel an appointment, Serenity Now holds the right to not refill your prescription medication until your next appointment with your medication provider.

__________________________  _________________________
Client Signature              Date