

Roy Clymer, Ph.D.

Initial Interview Information

Name: _____ Date: _____

Address: _____ Apt# _____

City: _____, State: _____, Zip: _____

Home Phone (____) _____ Office (____) _____ Cell (____) _____

Date of Birth ____ / ____ / _____

REFERRED BY _____

Previous therapy: _____ (years) Therapist: _____

Family Members Name, Age

Partner: _____

Child: _____

Child: _____

List a close relative or friend to be notified in case of emergency.

Name _____

Phone (____) _____

Is it acceptable to call you at home? Yes No At work? Yes No

May I leave messages on your voicemail? Yes No

Please identify the best phone number to leave a message in case of any appointment change or emergency cancellation. Home Office Cell

If you are presently taking prescribed medication, please list.

CANCELLATIONS AND BILLING:

Individual sessions are charged at full fee unless you cancel 48 hours in advance. A message left on my voice mail that you wish to cancel your appointment is sufficient. I will bill your for sessions on the first of the month and expect payment by the 15th.