

VALERIE MAGRINO, PSYCHIATRIC NURSE PRACTITIONER, LLC

Intake Form

DATE: _____ DOB: _____ AGE: _____

PATIENT: _____ Sex: M F Marital Status: S M D W

Chief Complaints:

List any mental illnesses you ever been diagnosed with:

List all current medications you are prescribed, or take, including herbal and homeopathic herbs.

List all previous medications you have tried, and reason they were discontinued:

List any counselors, therapists, psychiatrist, Psychiatric NP's you have been to and dates:

List any medical illnesses and allergies to drugs, food or environment:

Do you have any of the following problems:

Substance Abuse: Yes No Which Substances:
Sleep Disturbances: Yes No
Anxiety Symptoms: Yes No
Parent/Child Conflict: Yes No
School Problems: Yes No Social Problems: Yes No

VALERIE MAGRINO, PSYCHIATRIC NURSE PRACTITIONER, LLC
Patient Information

Print Patient's Name: _____
Home Address:(Street) _____
(City/State) _____
(Zip) _____ Birthdate: _____

Email address: _____
Cell: _____

Employer, Address: _____

Pharmacy name & phone: _____

Emergency Contact: _____ Phone: _____
Relationship: _____

Who referred you to us? _____

Under 21 years old ONLY:

Parent/Guardian: _____
Home Address:(Street) _____
(City/State) _____
(Zip) _____ Birthdate: _____

Email address: _____
Cell: _____

VALERIE MAGRINO, PSYCHIATRIC NURSE PRACTITIONER, LLC
Office Policies

When medications are prescribed, it is necessary to be seen at appointments. The first time a new medication is prescribed; the patient is seen in 3-4 weeks. When the patient is stable on the medication, follow-ups can then be every 90 days. You must schedule your appointment before the 90 days are up to get a new prescription. Exceptions will only be made for 1 month, after that a termination of care letter will be sent to your home and no further refills will be given. New Jersey has strict requirements regarding prescribing medications, and this office follows them.

Payment

We accept Aetna, Blue Cross Blue Shield and Medicare insurance and are considered out-of-network for other providers. Payment is due in full at the time of service. We accept credit cards, cash and checks. If you are not covered under Aetna, Medicare or BCBS, we will give you a bill to submit to your insurance. You should consult with the insurance company to see in advance how much reimbursement you can expect.

24 Hour Cancellation Policy

Please call at least 24 hours in advance of your scheduled appointment to cancel or to reschedule your appointment. When an appointment is made the time is reserved for you. You will be charged a cancellation fee for missed appointments. Please be respectful of this policy. Other clients have been denied this reserved time and they could have been served and helped if given your reserved time.

Returned Checks: If your personal check is returned to us by your bank for any reason, you will be charged a fee of **\$25.00**. Both your original payment and check fee are payable in cash or credit card. Any future payments you need to make to our office must be either cash or credit card.

I have read and agree to the above statements regarding the policies of VALERIE MAGRINO, PSYCHIATRIC NURSE PRACTITIONER, LLC.

Printed Patient Name: _____

Signature: _____ Date: _____

VALERIE MAGRINO, PSYCHIATRIC NURSE PRACTITIONER, LLC

Consent for Treatment and Confidentiality

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian.

The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client's Parent/Guardian if under 18)

Date

VALERIE MAGRINO, PSYCHIATRIC NURSE PRACTITIONER, LLC

Records Release Authorization

I give VALERIE MAGRINO, PSYCHIATRIC NURSE PRACTITIONER, LLC
Permission to release records and/or discuss any information pertaining to the treatment of the
below patient. All material is confidential and permission from patient or parent/guardian is
mandatory. Valerie Magrino can release to:

Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

I hereby authorize another medical provider,

(Name of Provider/Facility)

(Address)

To release complete medical records in their possession with reference to my illness and/or
treatment during the period:

From _____ To _____

Send my medical records Personal and Confidential to:

VALERIE MAGRINO, PSYCHIATRIC NURSE PRACTITIONER, LLC
621 Shrewsbury Avenue, Suite 257
Shrewsbury, New Jersey 07702
Office 732-444-8802 Fax 732-865-7633

Patient Name _____

Address _____

Signature of Patient or Patient
Representative _____

Date