

Medical Information:

Today's Date _____ Your name _____ DOB _____

Phone Number _____ Email address _____

In case of Emergency _____

Telephone _____ Relationship _____

Allergies: _____

Primary Care _____ Other Prescriber _____

Date of last physical: ___/___/_____

Presence of personal or family medical problems _____

Current Medication	Length of use	Dosage	Usefulness	Side effects

Past medications _____

Medical issue	Current	Family history	Information
Thyroid			
Anemia			
Liver Disease			
Kidney Disease			
Heart Disease			
Diabetes			

Medical issue	Current	Family history	Information
Asthma			
Stomach Intestinal Problems			
Cancer			
Epilepsy			
Pain			
High Cholesterol			
High Blood Pressure			
Head trauma			
Other:			

Release: I authorize *Laurence Grisanti, PMHNP* release of any medical information necessary to provide treatment and process my claim(s). I hereby authorize and assign my insurance benefits to be paid directly to *Laurence Grisanti, PMHNP*. I understand that I am financially responsible for any non-covered services by my insurance, other private third party payer, and/or workers compensation when my claim for benefits is denied. I permit a copy of this authorization to be used in place of original. I understand that I am responsible for any co-pays. I understand a monthly late payment charge of 1.5% (18% per annual fee) will be imposed on past due accounts. Minimum late payment charge of \$3.00 per month will be obligatory. I agree that in the event costs and or fees are incurred in the collection of my account, I will pay all such costs and fees. I acknowledge hereby having received a Privacy Statement describing how medical information about me may be used and disclosed and my rights regarding this information.

Signature _____ Date _____

I have received information about HIPPA, and practice policies including fees and safety information. By signing below I agree to the practice agreements of PDX Mindful Therapy LLC.

Please print your name here _____

Signature _____ Date _____