

Richard Gilbert, MD. REGISTRATION FORM

(Please Print)

Today's date:						
PATIENT INFORMATION						
Patient's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Former name):	Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Social Security no.:	Home phone no.: ()		
City:		State:		Zip:	Cell No.: ()	
Occupation:		Employer:		Employer phone no.: ()		
Referred to Dr. Gilbert by (please check one box):			<input type="checkbox"/> Dr.	<input type="checkbox"/> School	<input type="checkbox"/> Hospital	
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other		
Other family members seen here:						

OFFICE POLICY AND PROCEDURES

The following is an itemization of my fee schedule:

Initial Consultation	\$325.00
Psychotherapy, 40-50 min.	\$225.00
Psychotherapy, 20-30 min.	\$150.00
Medication Evaluation 15 min.	\$115.00
Report Preparation	\$325.00 per hour

Our office will continue to observe our policy of payment at the time of service. Since Dr. Gilbert is not a provider for any insurance panels and has opted out of Medicare, each client will be responsible to verify eligibility and benefits with their insurance company. If you have questions related to finances, please contact the office directly. **Your scheduled time with Dr. Gilbert should not be used for this purpose.**

All missed appointments or appointments cancelled with less than 24 hours notice will be charged at full fee. Monday appointments need to be cancelled on the Thursday preceding your appointment. This charge will be due and payable prior to your next visit. If there are unusual circumstances, please feel free to talk with the receptionist prior to your visit about special financial arrangements. Consideration in this regard will be decided on a case by case basis. Reminder calls for patient appointments are a courtesy. Circumstances beyond our control may prevent these calls from being placed. It is the responsibility of the patient to attend their scheduled appointment. Missing an appointment because you did not receive a courtesy call will be charged as a failed appointment.

In the event of an emergency, contact the office immediately. Should you get the office voicemail, follow the instructions on the outgoing message specific to after hour emergencies.

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):		Relationship to patient:	Home phone no.: ()	Work phone no.: ()
The above information is true to the best of my knowledge. I agree to abide by the office policy and procedures.				
_____ <i>Patient/Guardian signature</i>			_____ <i>Date</i>	