

DIVORCED/SEPARATION/GUARDIAN INTAKE SHEET

Child's Name _____

CHILDREN OF DIVORCED/SEPARATED PARENTS additional information.

Mother's name

(LAST) _____ (FIRST) _____ (MI) _____

DOB _____ MARITAL STATUS _____

HOME ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE (Home) _____ (Cell) _____ Work # and Ext _____

Father's name

(LAST) _____ (FIRST) _____ (MI) _____

DOB _____ MARITAL STATUS _____

HOME ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE (Home) _____ (Cell) _____ Work # and Ext _____

Step- Mother's name

(LAST) _____ (FIRST) _____ (MI) _____

DOB _____ MARITAL STATUS _____

HOME ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE (Home) _____ (Cell) _____ Work # and Ext _____

Step-Father's name

(LAST) _____ (FIRST) _____ (MI) _____

DOB _____ MARITAL STATUS _____

HOME ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE (Home) _____ (Cell) _____ Work # and Ext _____

GUARDIAN IF NOT CHILDS PARENT:

(LAST) _____ (FIRST) _____ (MI) _____

DOB _____ MARITAL STATUS _____

HOME ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE (Home) _____ (Cell) _____ Work # and Ext _____

APPLIED PSYCHOLOGICAL SERVICES

BUSINESS: (770) 592-0150

FACSIMILE: (770) 592-0971

1001 Weatherstone Parkway Suite 430

Woodstock, GA 30188

Georgia C. Smith, Psy.D. - Licensed Psychologist

Caroline Leavitt, Ph.D. - Licensed Psychologist

Ashley Loyd, Psy.D. - Licensed Psychologist

Jason R. Dunn, Psy.D. - Licensed Psychologist

M. Sue Singletary, Ph.D., LPC - Licensed Professional Counselor

Appointment Cancellation and Payment Policy for Divorced or Separated Parents

APS requires a copy of the divorce/separation decree for the patient's chart.

APS will only accept cancellation of an appointment from the parent/guardian who made the appointment. If the other parent/guardian or a step-parent attempts to cancel the appointment, the appointment will not be removed from the schedule and the cancellation fee of \$50.00 will be charged if the appointment is missed.

The parent/guardian who brings the child for the appointment is responsible for paying for the services at the time the services are rendered. APS will not be responsible for assisting with alternative payment arrangements that may exist between the parents.

APS abides by all divorce/separation orders regarding custody.

If requested, APS will provide the non-custodial parent and/or parent not bringing the child for treatment a summary of the child's treatment/progress. The information disclosed will conform to the parameters of all relevant laws and ethical guidelines concerning such disclosures. However, the provider reserves the right to refuse to provide such information if, in the provider's professional judgment, disclosure of some or all treatment information would create a threat to the safety and/or well-being of the child or another party.

1. Who is/are the custodial parent(s) of the minor patient?

2. What is the physical custody arrangement for the minor patient?

3. Does one of the parents have "tie-break" authority regarding health/medical decisions? If so, who?

SIGNATURE _____ **PRINT NAME** _____