

**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** \_\_\_\_\_