



CLIENT INFORMATION FORM

MORRISSEY-COMPTON EDUCATIONAL CENTER, INC.

2555 Park Blvd., Suite 1

Palo Alto, CA 94306

(650) 322-5910, fax (650) 322-7075

Please complete the following questions. Although detailed, your answers to these questions will assist us with your evaluation. All information is confidential. Please PRINT your responses.

Today's Date _____

Name _____ Birthdate _____ Age _____

Home Address _____ Home Phone _____

City/Zip _____ E-mail _____

Occupation _____ Employer _____ Work Phone _____

Referred to Morrissey-Compton Educational Center by _____

Languages Spoken _____

Please explain the major reason for seeking an evaluation at this time:

EDUCATIONAL HISTORY

List all schools attended, including dates. _____

Do you have a history of learning difficulties or acquiring academic skills?

Have you ever been evaluated before? (Please include a copy of the evaluation if possible)

Did you ever receive any special education services in school or private tutoring? Yes _____ No _____ If yes, what type?

MEDICAL HISTORY

Do you have or have you had any medical illness or condition? Please describe:

Please list any previous surgeries or hospitalizations.

Please list any previous therapies (speech & language, occupational, physical, recreational, psychological, psychiatric).

Please list all current medications (including dosage). Include any medication for ADD/ADHD, depression, anxiety, etc.

Medication	Dosage	Date Started Taking Medication

To what extent do you, or have you, used alcohol, marijuana, cocaine, or other drugs?

FAMILY MEDICAL HISTORY

Place a check next to any illness or condition that any member of the family has had. Note the family member's relationship (father, mother, brother, sister, aunt, uncle, etc.)

Learning Disability _____	Anxiety _____
Depression _____	Alcoholism _____
Manic Depression _____	Drug Addiction _____
Suicide _____	Schizophrenia _____

Please check all items that are current concerns:

___ Nightmares	___ Headaches	___ Eating Disorder
___ Loneliness	___ Hot or cold spells	___ Binge eating
___ Worried	___ Dizziness	___ Vomiting after eating
___ Weight change	___ Stomach problems	___ Use of diet pills
___ Fearful	___ Constipation/Diarrhea	___ Use of laxatives
___ Sexual problems	___ Fatigue	___ Use of cigarettes
___ Thoughts of suicide	___ Use of alcohol	___ Problems with stealing
___ Relationship problems	___ Use of drugs	___ Problems with lying
___ Trouble concentrating	___ Difficulty breathing	___ Problems with cheating
___ Forgetfulness	___ Coordination problems	___ HIV positive
___ Insomnia	___ Panicky feelings	___ Victim of physical abuse
___ Confusion	___ Rapid heart beat	___ Victim of sexual abuse
___ Obsessive thoughts	___ Strange experiences	___ Problems with temper
___ Depression	___ Bedwetting	___ Daytime wetting
___ Unhappiness	___ Trouble with the law	___ Profane language
___ Feeling inferior	___ School related stress	___ Difficulty explaining self

____ Overly slow

____ Tics

____ Overly active

____ Falls often

____ Problems with mother

____ Problems with father

____ Nailbiting

____ Thumb sucking

____ Fussiness

____ Fear of specific object or situation

____ Strong dislike of criticism

____ Difficulty following directions

____ Poor fine motor skills

Please add any other information you feel is important for us to know as we begin our assessment.

CONSENT TO TREAT AND DISCLOSURE STATEMENT

Clients Name: _____

Clients and legal guardians consent to receive assessment and/or treatment services at Morrissey-Compton Educational Center, Inc. and to enter into the following understanding:

1. Clients will be administered diagnostic and/or treatment procedures recommended by professional staff. Psychological Assistants are supervised by John T. Brentar, Ph.D., PSY13146. In the case of joint custody, both parents will need to sign and date this document.

2. The information provided during assessment and/or treatment services is confidential. Specific information is release to outside agencies or persons only after written consent of a parent(s) or legal guardian(s) is obtained. The only exceptions to confidentiality are as follows:

- When a client, family member, or collateral person states an intention to seriously harm him/herself or harm another person, Morrissey-Compton has the legal obligation to warn the individual's family, intended victim, and/or police
- When there is a reason to believe there is abuse or neglect of a child or vulnerable adult, the law requires a report be made to the police or other appropriate county agencies
- When an emergency condition occurs, Morrissey-Compton will communicate with family members or other appropriate persons
- By court order

3. Individuals and families have the right to access clinical information. You may request an information review with a Morrissey-Compton practitioner. However, in certain circumstances, if a Morrissey-Compton practitioner determines that reviewing such information may be deemed harmful, the practitioner may instead provide a summary of the clinical information.

4. Fees and financial arrangements will be discussed by the first appointment and a financial agreement will be signed at the onset of the services. When pursuing an evaluation, the total fee is due at the first visit. Scheduled appointments require a 24-hour cancellation notice. If notice is not received, clients may be charged a fee of \$150. If an evaluation is cancelled after the full payment has been received, the full payment, less the intake fee and/or any cancellation fees for missed appointments, will be refunded.

5. It is understood that Morrissey-Compton does not bill insurance companies directly and each family is responsible for pursuing their own insurance reimbursement for services.

6. Morrissey-Compton routinely provides a copy of the written report to your child's pediatrician. Please inform your clinician if you do not wish to have a copy mailed to the doctor.

By signing below, I agree to the terms and conditions outlined above and authorize Morrissey-Compton to provide assessment and/or treatment services to my child and/or family. I also agree to be financial responsible for those services.

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____

Client's Rights to Privacy Notice

The Morrissey-Compton Educational Center, Inc. is committed to preserving the privacy of your confidential information and records or that of your child. In fact, we are required by law to protect the privacy of the information you share with us as well as the information we gather from an evaluation conducted at this agency. In addition, the law requires the Center to provide you with this notice describing how the information will be used, when and how this information would be disclosed and how you can access this information.

It is our policy as well as the law to have your written consent before the Center uses or discloses information we have about you or your child. This would include schools, other agencies or professionals, as well as insurance companies. We may, however be required by law to disclose information about you or your child without your consent in response to a court order, subpoena, warrant, or summons subject to legal requirements. At any time, you may revoke your consent that allows us to disclose information by giving us written notice. Your revocation will be effective upon receipt of notice.

You have the right to inspect the information we have in our files about you or your child including billing information. If you do wish to inspect the files, please call and make an appointment with the clinician with whom you have been working so that that individual may be of service to you in this matter. If you have a child who was evaluated at this agency who is now at least 18 of age, we will need that individual's written consent before reviewing the files. If you believe that the information in our files is either incorrect or incomplete, you may ask us to amend the information. Test scores, clinical observations during the evaluation as well as diagnoses will not be changed.

If you believe that your privacy rights have been violated, you may file a complaint with us or with:

The Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Our Board of Directors as well as the Director will review any complaints filed.

Please sign below to indicate that you have received the Privacy Notice

(Please print name)

(please sign name)

(date)

Morrissey-Compton Educational Center, Inc.
2555 Park Blvd., Suite # 1
Palo Alto, California 94306
(650) 322-5910

Directions to the Center

From the 101 (Bayshore) Freeway

- (651) Exit onto Oregon Expressway west
- (652) Follow it to the El Camino
- (653) Turn right on El Camino and go 2 blocks
- (654) Turn right onto Grant Street and drive three blocks to Park Blvd
- (655) Turn left and you will see our 2 story building on your right (2555 Park)

From Highway 280:

- ❖ Exit at Page Mill Rd. and follow it to El Camino (approximately 2.5 miles)
- ❖ Get into the far right-hand lane when you cross El Camino (do not go under the underpass)
- ❖ At the stop sign, turn left. (This is Park Blvd.)
- ❖ Drive two blocks on Park Blvd. (Ours is the two-story building on the right)

From El Camino:

- ❖ If you are traveling north from Mountain View or Sunnyvale, look for Page Mill Rd.
- ❖ Go past Page Mill/Oregon Expressway two blocks. There will be the Olive Garden Restaruant on your right at the corner. That is Grant St.. Make a right on Grant
- ❖ Follow Grant all the way - it dead ends at Park Blvd
- ❖ Make a left on Park and you will see our two story building
- ❖ If you are traveling south from Atherton or Menlo Park, turn left on California Avenue.
DO NOT TURN LEFT ONTO PARK OFF EL CAMINO!
- ❖ Go three blocks to Park Blvd
- ❖ Turn right on Park Blvd. Drive 1 1/2 blocks to our building on your left