

## CHECKLIST - - TO BE COMPLETED PRIOR TO FIRST APPOINTMENT

- \_\_\_\_\_ 1. Read over and complete the **Client Information Form**.
- \_\_\_\_\_ 2. Complete the **Patient Identification Sheet**.
- \_\_\_\_\_ 3. Complete **questionnaires**.
- \_\_\_\_\_ 4. Check with insurance company regarding **coverage** for “outpatient mental health benefits” and **authorization** needed prior to your initial appointment.
- \_\_\_\_\_ 5. Bring **insurance card** to initial session.
- \_\_\_\_\_ 6. Keep the **NOTICE OF PRIVACY PRACTICES** form for your own records.
- \_\_\_\_\_ 7. Be prepared to make **payment** at the first session.

If there is time, please send items 1, 2, & 3 to our office, otherwise bring them with you the day of your appointment.

Thank you!