

General Information - Adult

Thank you for choosing Charis Institute. We sincerely hope this will be a place of healing for you. Please take the time to fill out all of these forms and read all of the information regarding your treatment, the payment, and your insurance policy.

When 24-hour notice is not given there will be a charge of \$35 for missed appointments.

Where did you hear about our services or who referred you? _____

Client Information

_____	/ /	- - -
Name	Date of Birth	Social Security Number
_____	()	()
Mailing Address	Home Phone	Cell Phone
_____	_____	_____
City	Zip Code	Occupation
_____	_____	()
Employer/School	Work Phone	_____

For your comfort and assurance of confidentiality we ask that you please read over the following and sign:

- I give permission for charis institute to call my cell or home and leave a message on the answering machine or with anyone who answers the phone.
- I give permission for charis to call my work number if I need to be reached.

Signature _____ Date _____

Marital Status: Single Married Divorced Separated **If you are married, please state how many years** _____

_____	- - -	_____	/ /	_____
Spouse's Name	Social Security Number	Age	Date of Birth	Employer

If you have children please list (include ages) _____

Person Responsible For Account (If other than the client, by providing this information you are allowing us to release relevant information to this individual, regarding billing)

_____	/ /	- - -
Name	Date of Birth	Social Security Number
_____	()	()
Mailing Address	Home Phone	Cell Phone

Insurance Information

_____	_____	_____
Insurance Company	Policy Number/Member ID	Group Number
_____	_____	/ /
Insurance Company Address	Name of Cardholder	Cardholder DOB
_____	_____	_____
Mailing Address of Cardholder	City	State Zip

Method of Payment Please check the method of payment that you will be using.

Cash Charge Payment Plan Insurance/Co-Pay or Deductible

You should be aware that different insurance companies vary greatly in the types of coverage available. Some insurances require prior authorization for treatment. Prior to your appointment it is your responsibility to contact your insurance to see if authorization is required. We ask that you look upon your insurance realistically as a device which helps you pay for your care here at Charis Institute. Please understand that assisting you with your insurance claim is done willingly but that regardless of the insurance coverage, the obligation for the fee for the services rendered is yours. All fees will be due on the day of treatment even if you have insurance unless arrangements are made in advance with our office. Insurance companies typically limit their coverage to services that they consider medically necessary. In the event that you receive services and your insurance determines it did not meet their criteria, you understand that you are responsible for payment for these services. I hereby authorize treatment. I authorize Charis Institute to furnish insurance carriers with any medical information necessary to process this claim. I hereby assign to Charis Institute all payments for services rendered to my dependents or myself. I acknowledge that insurance claims pending beyond 60 days are my responsibility and I agree that I will not delay payment and that I will pay the balance if a claim is pending more than 60 days. I understand that if I make a payment and payment is received later by Charis from my insurance company, I will be reimbursed. If a check is returned to Charis Institute, I understand that I will be responsible of paying the fee that bank charges them. I have read and understand the Privacy Policy that is posted in the office.

(Signature/Guarantor) _____ (Date) _____

Adverse Childhood Experience (ACE) Questionnaire

Name: _____ Date: _____

This Questionnaire will be asking you some questions about events that happened during your childhood; specifically the first 18 years of your life. The information you provide by answering these questions will allow us to better understand problems that may have occurred early in your life and allow us to explore how those problems may be impacting the challenges you are experiencing today. This can be very helpful in the success of your treatment.

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often:

Swear at you, insult you, put you down, or humiliate you?

Or

Act in a way that made you afraid that you might be physically hurt?

Yes No

If Yes, enter 1 _____

2. Did a parent or other adult in the household often:

Push, grab, slap, or throw something at you?

Or

Ever hit you so hard that you had marks or were injured?

Yes No

If Yes, enter 1 _____

3. Did an adult or person at least 5 years older than you ever:

Touch or fondle you or have you touch their body in a sexual way?

Or

Attempt or actually have oral, anal, or vaginal intercourse with you?

Yes No

If Yes, enter 1 _____

4. Did you often feel that:

No one in your family loved you or thought you were important or special?

Or

Adverse Childhood Experience (ACE) Questionnaire

Your family didn't look out for each other, feel close to each other, or support each other?

Yes No

If Yes, enter 1 _____

5. Did you often feel that:

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

Or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No

If Yes, enter 1 _____

6. Were your parents ever separated or divorced?

Yes No

If Yes, enter 1 _____

7. Were any of your parents or other adult caregivers:

Often pushed, grabbed, slapped, or had something thrown at them?

Or

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

Or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes No

If Yes, enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

Yes No

If Yes, enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes No

If Yes, enter 1 _____

10. Did a household member go to prison?

Yes No

If Yes, enter 1 _____

ACE SCORE (Total "Yes" Answers): _____