

SUMMIT CLINICAL SERVICES PC REGISTRATION

For Children/Adolescents Services

Today's Date: _____

Patients Full Legal Name: _____
(Last Name) (First Name)

Child Status: () Biological child () Adopted () Foster () DCFS Care

Parent or Legal Guardian Contact Information 1

Name: _____ Relationship to Child _____
Street Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Email Address: _____
List and Parenting time Arrangements, if any: _____

Parent or Legal Guardian Contact Information 2

Name: _____ Relationship to Child _____
Street Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Email Address: _____
List and Parenting time Arrangements, if any: _____

Initial Consultation:

The initial consultation is not an agreement to begin a treatment relationship. You deserve the most appropriate treatment and level of care according to your needs and we understand that may not be with us. Your first visit is an initial consultation and opportunity for you and the psychiatrist to determine whether there is a good fit and whether he/she is well suited to provide the specific treatment needed for your circumstances in the outpatient setting. Before beginning treatment or during treatment, you or your psychiatrist may determine that you are not the right fit for each other. This happens sometimes, and it is ok! In this situation, the psychiatrist will discuss the assessment and treatment recommendations and provide treatment referrals for alternate providers who may be able to better meet your treatment needs.

Initial Evaluations:

The initial evaluation for children and adolescents is typically divided into two separate appointments. This would include an initial 60-minute appointment with parents, next a separate 60-minute appointment with your child. The goal of the two-part evaluation is to develop a therapeutic alliance and gather information to allow a comprehensive assessment of your child's mental health needs and to guide treatment. Given that the initial evaluation is divided, please be aware that medication may not be prescribed at the first visit.

Please read the following closely as it explains pertinent information regarding our policies for minors.

____(Initial) Legal guardian

Need to consent to initial and ongoing treatments, including medication and initiation and ongoing medication treatment.

____(Initial) Legal guardian

Need to consent to initial and ongoing treatment, including medication and initiation and ongoing medication treatment.

The office may routinely request copies of divorce degrees, guardianship papers, adoption papers and child custody documentation. If the legal guardian or parent learns of any changes to the legal decision, it is their responsibility to let the office know of these changes, and to provide the office a new notarized copy to keep on file.