

**AMANDA F. MOATES, PH.D.**

Licensed Clinical Psychologist

4201 Spring Valley Road, Suite 1100, Dallas, TX 75244

Cell: 972-695-9740

---

**New Patient Information Sheet**

Name \_\_\_\_\_ Referred by \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Okay to text message?  Y  N Okay to leave voicemail?  Y  N

Primary reason(s) for seeking treatment at this time? \_\_\_\_\_  
\_\_\_\_\_

Do you have a psychiatrist?  Y  N If yes, name? \_\_\_\_\_

Current medications: \_\_\_\_\_

*If opting to request insurance coverage for individual psychotherapy please complete:*

Name of Insurance Carrier \_\_\_\_\_ Member ID number \_\_\_\_\_

Name of Insured \_\_\_\_\_ Insured's Date of Birth \_\_\_\_\_

Address of Insured \_\_\_\_\_

Relationship to Insured  Self  Spouse  Child  Other

I understand that all managed care companies require Dr. Moates assign a psychiatric diagnosis to justify the need for therapy. Once submitted to insurance, I understand my mental health diagnosis becomes part of my permanent medical record with that insurance company. I authorize the release of information required to process health insurance claims. I authorize payment of BCBS PPO claims only directly to Amanda F. Moates, Ph.D. Initial here if yes: \_\_\_\_\_

I understand Dr. Moates sets aside specified time for patient appointments and asks to be compensated the full cost of a session if a scheduled appointment is cancelled with less than 48 hours' notice. Acute illness such as the flu, hospitalizations, and hazardous road conditions would be clear exceptions. Emergency work meetings, school deadlines, and transportation glitches are less clear and I understand Dr. Moates asks to be compensated for her lost time in such cases.

Signature \_\_\_\_\_ Date \_\_\_\_\_