



Name _____ Date of Birth _____ Today's Date _____

Patient Health Questionnaire—9 (PHQ-9)

Over the last **two weeks**, how often have you been bothered by any of the following problems?

	0	1	2	3
	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.				
2. Feeling down, depressed, or hopeless.				
3. Trouble falling or staying asleep, or sleeping too much.				
4. Feeling tired or having little energy.				
5. Poor appetite or overeating.				
6. Feeling bad about yourself or thinking you are a failure				
7. Difficulty concentrating or feeling like you can't stay fo-				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless				
9. Thoughts of hurting yourself or thinking you be better off				

If you checked off **any** problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

Staff Only PHQ-9 Score _____
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Generalized Anxiety Disorder 7-item (GAD-7) Scale

Over the last **two weeks**, how often have you been bothered by any of the following problems?

	0	1	2	3
	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge				
2. Not being able to stop or control worrying				
3. Worrying too much about different things				
4. Trouble relaxing				
5. Becoming so restless that it's hard to sit still				
6. Becoming easily annoyed or irritable				
7. Feeling afraid as if something awful might happen				

Staff Only
GAD-7 Score _____

If you checked off **any** problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult



The Mood Disorder Questionnaire

Instructions: Please answer each question to the best of your ability.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and.....		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?		
...you were so irritable that you shouted at people or started fights or arguments?		
...you felt much more self-confident than usual?		
...you got much less sleep than usual and found you didn't really miss it?		
...you were much more talkative or spoke much faster than usual?		
...thoughts raced through your head or you couldn't slow your mind down?		
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?		
...you had much more energy than usual?		
...you were much more active or did many more things than usual?		
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?		
...you were much more interested in sex than usual?		
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?		
...spending money got you or your family in trouble?		
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?		
3. How much of a problem did any of these cause you—like being unable to work; having family, money, or legal troubles; getting into arguments or fights? <i>Please circle one response only.</i>		
No Problem Minor Problem Moderate Problem Serious Problem		
4. Have any of your blood relatives (i.e., children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?		
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?		

Staff Only Mood Score _____



BSDS

1. Please read through the entire passage below before filling in any blanks.

Some individual notice that their mood and/or energy levels shift drastically from time to time.	
These individuals notice that, at times, their mood and/or energy level is very low, and at other times, very high.	
During their “low” phases, these individuals often feel a lack of energy; a need to stay in bed and get extra sleep; and little or no motivation to do things they need to do.	
They often put on weight during these periods.	
During their low phases, these individuals often feel “blue”, sad all the time, or depressed.	
Sometimes, during these low phases, they feel hopeless or even suicidal.	
Their ability to function at work or socially is impaired.	
Typically, these low phases last for a few weeks, but sometimes they last only a few days.	
Individuals with this type of pattern may experience a period of “normal” mood in between mood swings, during which their mood and energy level feels “right” and their ability to function is not disturbed.	
They may then notice a marked shift or “switch” in the way they feel.	
Their energy increases above what is normal for them, and they often get many things done they would not ordinarily be able to do.	
Sometimes, during these “high” periods, these individuals feel as if they have too much energy or feel “hyper”.	
Some individuals, during these high periods, may feel irritable, “on edge”, or aggressive.	
Some individuals, during these high periods, take on too many activities at once.	
During these high periods, some individuals may spend money in ways that cause them trouble.	
They may be more talkative, outgoing, or sexual during these periods.	
Sometimes, their behaviors during these high periods seems strange or annoying to others.	
Sometimes, these individuals get into difficulty with co-worker or the police during these high periods.	
Sometimes, they increase their alcohol or non-prescription drug use during these high periods.	

2. Now that you have read this passage, please check one of the following four boxes:

- This story fits me very well, or almost perfectly
- This story fits me fair well
- This story fits me to some degree, but not in most respects
- This story does not really describe me at all

3. Now please go back and put a check after each sentence that definitely describes you.

<p>Staff Only BSDS Score _____</p>
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Jasper / Goldberg Adult ADD Screening Examination — Version 5.0

The items below refer to how you have behaved and felt DURING MOST OF YOUR ADULT LIFE.

If you have usually been one way and recently have changed, your responses should reflect HOW YOU HAVE USUALLY BEEN.

Circle one of the numbers that follows each item using the following scale:

0 = Not at all 1 = Just a little 2 = Somewhat 3 = Moderately 4 = Quite a lot 5 = Very much

	0	1	2	3	4	5
1. At home, work, or school, I find my mind wandering from tasks that are uninteresting or difficult.						
2. I find it difficult to read written material unless it is very interesting or very easy.						
3. Especially in groups, I find it hard to stay focused on what is being said in conversations.						
4. I have a quick temper...a short fuse.						
5. I am irritable, and get upset by minor annoyances.						
6. I say things without thinking, and later regret having said them.						
7. I make quick decisions without thinking enough about their possible bad results.						
8. My relationships with people are made difficult by my tendency to talk first and think later.						
9. My moods have highs and lows.						
10. I have trouble planning in what order to a series of tasks or activities.						
11. I easily become upset.						
12. I seem to be thin skinned and many things upset me.						
13. I almost always am on the go.						
14. I am more comfortable when moving than when sitting still.						
15. In conversations, I start to answer questions before the questions have been fully asked.						
16. I usually work on more than one project at a time, and fail to finish many of them.						
17. There is a lot "static" or "chatter" in my head.						
18. Even when sitting quietly, I am usually moving my hands or feet						
19. In group activities it is hard for me to wait my turn.						
20. My mind gets so cluttered that it is hard for it to function						
21. My thoughts bounce around as if my mind is a pinball machine.						
22. My brain feels as if it is a television set with all the channels going at once.						
23. I am unable to stop daydreaming.						
24. I am distressed by disorganization.						

Staff Only
 Jasper Score _____



Informed Consent

Client Participation/Rights

Treatment will only be effective if the client is engaged and actively involved. It is important to ask questions about treatment if you are unclear about any aspect of treatment goals or plans. You have the right to terminate treatment at any time. Please provide notification if you are considering discontinuing treatment.

Medication Management

- All medication has potential to cause side effects as well as interact with other prescription/over-the-counter medications or herbal remedies. However, there is no way of predicting all the potential side effects a medication may have on a specific individual. Please be advised that medications used in psychiatry are often prescribed “off-label”. This means that such medication may be used to treat/manage symptoms other than those for which it was originally approved by the FDA. This will be discussed during treatment planning. Potential risks, benefits, and alternatives will be discussed prior to setting a treatment plan. It is important to update all providers about changes in your medications including prescription, herbal, and over-the-counter medications.
- I will be given a clear description from my mental health provider regarding the problems, diagnosis, personal strengths/limitations, and treatment interventions proposed.
- I will be given a clear recommendation for types of treatment recommended, such as individual counseling/therapy, group counseling/therapy, family/couples counseling/therapy, addictions counseling, and/or psychiatric services.
- I voluntarily agree to undergo mental health treatment and understand that I may end treatment at any time.
- I understand that my mental health provider may want to discuss this with me, but that I reserve the right to stop treatment. Furthermore, I understand that my mental health provider may make diagnostic and treatment recommendations with which I do not agree (e.g. modality of treatment, duration of treatment, frequency of visits, etc.)
- I understand that my mental health provider cannot guarantee results (e.g., less depressed, improved marital satisfaction, etc.) of mental health services. However, there will be clearly stated reasons, goals, and objectives for continuing/discontinuing mental health treatment. This will be discussed with my mental health provider.
- I understand that there may be some risks in participating in mental health services. These may include, but are not limited to, addressing painful emotional experiences and/or feelings; being challenged or confronted on a particular issue; or being inconvenienced due to costs/fees of counseling. I am aware that I can discuss any unforeseen risks vs. benefits with my mental health provider at any time. In the case of psychiatric care, medications, side effects, and alternative treatments will be discussed.
- I understand that I have the right to an interpreter (sign or language) if necessary.
- I understand that this “Informed Consent Form” is not intended to be “all inclusive” of aspects of my mental health treatment. It is only intended to provide some useful information before deciding to engage in mental health treatment.



Informed Consent

Confidentiality

Information related to your seeking and receiving services will remain confidential. Information will not be disclosed without your written consent. There are a few exceptions:

- When there is reason to believe you may be in danger of harming either yourself or another person.
- When there is reasonable cause to believe abuse or neglect of a child, elder, or someone with disabilities has occurred.
- When a court order is received.
- When required for insurance billing purposes, when you have given permission to bill that insurance for services.
- When an emergency situation requires sharing of information.
- Other situations required by law.

Confidentiality and Treatment of Children and Adolescents

Those individuals **under** the age of 14, and who are not emancipated, are required by law to have parent/guardian consent for treatment. Treatment records may be reviewed by the parent/guardian. Southwest Family Physicians operates under the belief that privacy of patients is of utmost importance and will be maintained, except in those instances listed above and for any necessary communication with parent/guardian for treatment planning. Oregon law allows clients 14 years and older to consent to their own mental health treatment by a nurse practitioner, but requires the nurse practitioner to involve the parents prior to the ending of treatment (except in rare instances).

Emergency Contact Information

In the case of emergency, call 911 or go to the nearest emergency department. In the event of a crisis in which you need assistance before I am able to return you call may also contact:

- Multnomah County Crisis Line: 503.988.4888
- Clackamas County Crisis Line: 503.655.8401
- Clark County Crisis Line: 503.696.9560
- Washington County Crisis Line: 503.291.9111
- Marion County Crisis Line: 503.585.4949
- Poison Control: 503.494.8968 or 800.452.7165
- Alcohol and Drug Help Line: 503.244.1312 or 800.923.HELP
- Portland Women's Crisis Line (Domestic Violence): 503.235.5533
- Rape Crisis Center: 503.640.5311
- Cascadia Urgent Walk-In Clinic at 2415 SE 43rd Ave 7 AM—10:30 PM

If you are hospitalized, please attempt to call Southwest Family Physicians within 12 hours, or have the hospital call, so we can coordinate your care.



Informed Consent

Office Policy

- Rates are billed per your insurance coverage. If I have a binding contract with your insurance company, your co-pay serves as your responsibility for payment to our office. This payment is due at check-in prior to any visit. If I do not have a binding contract with your insurance company, I am considered an “Out of Network” provider. Based on your specific insurance plan, your fiscal responsibility for each visit may be more than that of an “In Network” provider. Please see the billing office for questions regarding rates per sessions and contact your insurance provider directly for all other inquiries.
- Initial assessment appointments missed, cancelled, or rescheduled outside of the 24-hour window of the scheduled date and time are considered a “No Show” or “Late Cancel”, and will be billed at the full cash pay appointment rate of \$150. In addition, all follow-up/medication management appointments missed, cancelled, or rescheduled outside of the 24-hour window of the scheduled date and time are considered a “No Show” or “Late Cancel”, and will be billed at the full cash pay appointment rate of \$105. Insurance will not cover your missed appointments, so it is important that you cancel/reschedule appointments at least 24-hours prior to your appointment to be considerate of others who may want to schedule in your place.
- If you are more than 10 minutes into your allotted time period, you may be considered late to an appointment, and you run the risk of being charged a “No Show” fee and not be able to be seen at your scheduled date/time.
- There are no fees charged for appointments canceled outside of 24 hours.
- Scheduling can be done through the front desk at 503.620.5556.
- If you balance due exceeds \$500, you will be scheduled only through the business office. Appointments may be suspended until account balances return to less than \$500 and/or payment arrangements are made with the billing office. This will be determined on a case-by-case basis.
- Should you not schedule an appointment for a period of 45 days, and make no arrangement in writing, you may no longer be considered in active treatment. If you “No Show” or “Late Cancel” for two consecutive appointments, “No Show”/ “Late Cancel” for one appointment without rescheduling within thirty days, or you are otherwise not engaged in treatment, you will be considered to have terminated treatment.
- If you have three or more “No Shows” in a 12-month period, you will be discharged as a behavioral health patient.

I have reviewed this “Informed Consent to Treatment” information with my behavioral health provider.

I have been given the opportunity to ask questions about this information. A copy of this information is available upon request. By signing this, I indicate my understanding of this information.

Sincerely,
Kara Wilcox, PA-C

I acknowledge that I have received and reviewed a copy of this document and am aware of its contents.

_____	_____	_____
Printed Name	Signature	Date

_____	_____
Patient’s name if different than above	Relation to patient