

Marsha Hewlett, Ph.D.
Clinical/Forensic Psychology

Patient Name: _____ Date _____

Address _____ HM Phone _____
Street

Employment _____
Name

Occupation _____ Education _____

Relationship Status:
Single/Never Married/Married/Separated/Divorced/Widowed/Significant Other
(Circle One)

Birthdate: _____ Age: _____ Social Security Number _____

Number & Ages of Children or Others Living at Home with You (Not Spouse)

Medication(s) currently prescribed _____

M.D. _____
Name Address

Previous Mental Health Treatment _____

Referral Source _____

Spouse/Significant Other Name _____

Address _____ HM Phone: _____

Date of Birth: _____ Education _____

Occupation _____

Psychoanalysis, psychotherapy and assessment sessions are either payable upon receipt of services or billed monthly.

Hours scheduled are held for you exclusively and cancellations within 48 hours if seen weekly, for psychoanalysis two weeks notice is required and will be charged at session fee. My usual and customary fee is \$200/hour. Fee increase may occur on a yearly basis in January.

Your signature below acknowledges that the above policy information has been read and agreed upon.

Signature _____

Date _____