

Counseling & Psychotherapy
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Dear Prospective Client,

These forms are made available to you to help your team develop a sound treatment plan. The more we understand about you the more we will be able to help you, and the easier it will be for us to share pertinent information among the team members. Feel free to skip any questions you may find too uncomfortable.

We know these forms take time and effort on your part. Completing them outside your appointment time will give us plenty of time to focus on your immediate concerns during your scheduled appointment.

Sincerely,

The clinical staff of Alliance Counseling Center

Medical Forms

In the Medical Forms portion of the Download section you will find two forms. The first is entitled "Initial Exam." Print out this form and bring it to your doctor when you go in for your exam for your eating disorder. Ask your doctor to fill out the form and either mail it to Alliance Counseling Center, or get it back from him or her and bring it with you to your next appointment with us. The medical form titled "Ongoing Exam" you will need to bring with you for each appointment you have with your doctor after your initial exam. Have him or her fill it out and mail it back to us after each visit.

Health Insurance Claim Form

Please fill out all sections that apply to you on the top portion of this form. Generally this means you will need to answer questions #1 through #13. Leave #14 through #33 blank.

The term "patient", as in section #2, means you. "Insured" means the employee whose job provides the insurance for the employee and additional family members. Therefore you might be both the "insured" and the "patient", or you might be the "patient" and your spouse "insured."

Fill out section #9 only if you are covered under a second insurance policy. For instance, you might be insured through your work and also be covered under your spouse's policy. You would fill out **your** information in section #11, and your **spouse's** insurance information in section #9. If you are not an employee yourself with insurance, but you are covered under your spouse's or parent's insurance, the "insured" would be your spouse or parent.

Please be sure to sign in both places—section #12 and #13.