Amy E. Brown, MS, CADC, LPC, CCTP
www.amyebrown.com
amyebrown.lpc@gmail.com
610.416.0793

Release of Confidential Information

Name ______________________ Date of Birth ______________________

I grant Amy E. Brown, MS, CADC, LPC, CCTP explicit permission to release my protected health information (PHI) to (circle one) The PA Nurses' Health Program/The PA Physicians' Health Program (includes telephone contact as needed for consultation, evaluation, and treatment).

Purpose of information release: Healthcare Professional (HCP) Evaluation

Information to be released : Evaluation results and recommendations

This release of information includes Psychiatric/Psychological, Educational, Drug/Alcohol/Substance Abuse, AIDS/HIV, Social Work, Medical, and Legal records and information unless specifically excluded.
This release will expire after one year unless otherwise revoked.

____

HCP printed name

____

HCP signature Date

____

Witness printed name

____

Witness signature Date

Amy E. Brown, MS, CADC, LPC
1595 Paoli Pike
West Chester, PA 19380
610.416.0793
www.amyebrown.com

Informed Consent Agreement for Healthcare Professional Evaluations

Patient Service Agreement

This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Signing this document represents your understanding of, and agreement to, my terms.

The Evaluation and Your Responsibilities

You have hired me to provide an independent professional evaluation about your safety to practice as a healthcare professional (HCP). I will also assess whether you have mental health or substance use issue that require treatment or other interventions.

The evaluation has multiple components:

- I will review your completed intake form and screening forms.
- We will meet for a remote interview via Doxy.me for approximately 45-60 minutes. I might contact you to obtain additional information after we meet.
- I will speak with your NHP/PHP case manager as well as the PHMP if you have been/are involved with PHMP.
- I will speak with the people you named as collateral contacts and might ask to speak with additional people. If I am unable to reach your contacts within five business days, I will ask for replacement contacts.
- The NHP/PHP will also arrange drug and alcohol testing at a lab near you; results take about 10 days. NHP/PHP will send me the results and I will contact you if I have any concerns.

My report and recommendations will be based on all of the above, my professional experience and judgment, and the criteria for mental health and substance use disorders found in the Diagnostic and Statistical Manual of Mental Health Disorders 5th ed., Text Revision (DSM5-TR), American Psychiatric Association, 2022.

I will provide my written report to the NHP/PHP and any other necessary parties for whom you have signed a release of information. My typical turn-around time for reports is about 10 days. The timing depends on how quickly I speak with your contacts, how quickly I receive your lab results, and whether I need any additional labs or information. I will send my final report to the NHP/PHP and any other necessary parties for whom you have signed a release of information. You are entitled to a copy of my final report after the NHP/PHP has reviewed it with you.

Deadlines

- You must go for drug and alcohol testing within 10 business days of our meeting. Depending on the results, I might have you get repeat and/or additional testing; I expect you to get any repeat/additional testing done as soon as possible and no later than five business days after the lab offers you an appointment.
- If I request replacement and/or additional collateral contacts, you must provide them within 24-hours of my request. I expect to speak with those replacement/additional contacts within five business days of my request.
- You are responsible for payment in full at the time of the remote assessment unless we have made other arrangements beforehand.

If you do not comply with the responsibilities and deadlines outlined above, I reserve the right to delay submission of your report until I have received all required information and payment in full or to submit your report with incomplete information. **An incomplete evaluation report will necessitate a new evaluation with a new NHP-approved provider at your expense.**

Payment and Fees

I accept Zelle, Venmo, Cash App, and credit/debit cards. Insurance does not cover HCP evaluations, though I can provide you a statement for tax purposes.

My standard HCP evaluation fee is $550.00, which covers everything I need to do for this evaluation. I have a sliding-scale based on financial need; we agreed upon your fee when we spoke by phone. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment. I also reserve the right to adjust fees and update this document as needed.

Professional Records

I am required to keep appropriate records of the services that I provide in a secure location in my office. I keep a copy of my final report, as well as any supporting documentation, for at least seven years after I have submitted the final report. You have the right to request that a copy of your report be made available to any other health care provider at your written request and upon receipt of a signed release of information.

Confidentiality

My policies about confidentiality, as well as other information about your privacy rights, are fully described in a separate document entitled Notice of Privacy Practices. You have been provided with a copy of that document. Please remember that you may reopen the conversation about confidentiality at any time.

Other Rights

You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or form of payment. You have the right to ask questions about any aspect of the evaluation process as well as my training and experience.

Consent

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

____

Signature of healthcare professional

____

Printed name of healthcare professional

____

Date

GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals _____ + _____ + _____ + _____ =

Total score _______

If you checked any problems, how difficult have they 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
☐	☐	☐	☐

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at ris8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of “not at all,” “several days,” “more than half the days,” and “nearly every day.”
GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety

Michigan Alcohol Screening Test (MAST)

This test is nationally recognized by alcoholism and drug dependence professionals. You may substitute the words “drug use” in place of “drinking”.

1. Do you feel you are a normal drinker? ("normal" - drink as much or less than most other people)
Circle Answer: YES NO

2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?
Circle Answer: YES NO

3. Does any near relative or close friend ever worry or complain about your drinking?
Circle Answer: YES NO

4. Can you stop drinking without difficulty after one or two drinks?
Circle Answer: YES NO

5. Do you ever feel guilty about your drinking?
Circle Answer: YES NO

6. Have you ever attended a meeting of Alcoholics Anonymous (AA)?
Circle Answer: YES NO

7. Have you ever gotten into physical fights when drinking?
Circle Answer: YES NO

8. Has drinking ever created problems between you and a near relative or close friend?
Circle Answer: YES NO

9. Has any family member or close friend gone to anyone for help about your drinking?
Circle Answer: YES NO

10. Have you ever lost friends because of your drinking?
Circle Answer: YES NO

11. Have you ever gotten into trouble at work because of drinking?
Circle Answer: YES NO

12. Have you ever lost a job because of drinking?
Circle Answer: YES NO

13. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?
Circle Answer: YES NO

14. Do you drink before noon fairly often?
Circle Answer: YES NO

15. Have you ever been told you have liver trouble such as cirrhosis?
Circle Answer: YES NO

16. After heavy drinking have you ever had delirium tremens (D.T.'s), severe shaking, visual or auditory (hearing) hallucinations?
Circle Answer: YES NO

17. Have you ever gone to anyone for help about your drinking?
Circle Answer: YES NO

18. Have you ever been hospitalized because of drinking?
Circle Answer: YES NO

19. Has your drinking ever resulted in your being hospitalized in a psychiatric ward?
Circle Answer: YES NO

20. Have you ever gone to any doctor, social worker, clergyman or mental health clinic for help with any emotional problem in which drinking was part of the problem?
Circle Answer: YES NO

21. Have you been arrested more than once for driving under the influence of alcohol?
Circle Answer: YES NO

22. Have you ever been arrested, even for a few hours because of other behavior while drinking?
(If Yes, how many times ________)
Circle Answer: YES NO

SCORING

Please score one point if you answered the following:
1. No
2. Yes
3. Yes
4. No
5. Yes
6. Yes
7 through 22: Yes

Add up the scores and compare to the following score card:
0 - 2 No apparent problem
3 - 5 Early or middle problem drinker
6 or more Problem drinker

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: ______________________ **DATE:** ____________

Over the last *2 weeks,* how often have you been bothered by any of the following problems? *(use "✓" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
	add columns	____ +	____ +	____

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL: ____________

10. 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 ________

Copyright © 1999 Pfizer Inc. All rights reserved. Reproduced with permission. PRIME-MD© is a trademark of Pfizer Inc.

A2663B 10-04-2005

PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.
Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

PHQ9 Copyright © Pfizer Inc. All rights reserved. Reproduced with permission. PRIME-MD ® is a trademark of Pfizer Inc.

A2662B 10-04-2005

Amy E. Brown, MS, CADC, LPC
1595 Paoli Pike
West Chester, PA 19380
610.416.0793
Amyebrown.lpc@gmail.com
www.amyebrown.com

Notice of Amy E. Brown, MS, CADC, LPC Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

Amy E. Brown, MS, CADC, LPC may *use* or *disclose* your *protected health information* (*PHI*), for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- "*PHI*" refers to information in your health record that could identify you.
- "*Treatment, Payment and Health Care Operations*"

– *Treatment* is when provides, coordinate or manage your health care and other services related to your health care. An example of treatment would be when Amy E. Brown, MS, CADC, LPC consults with another health care provider, such as your family physician or another therapist.

– *Payment* is when Amy E. Brown, MS, CADC, LPC obtains reimbursement for your healthcare. Examples of payment are when Amy E. Brown, MS, CADC, LPC discloses your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.

– *Health Care Operations* are activities that relate to the performance and operation of Amy E. Brown, MS, CADC, LPC's professional practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.

- "*Use*" applies only to activities within our practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- "*Disclosure*" applies to activities outside of our practice, such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

Amy E. Brown, MS, CADC, LPC may use or disclose PHI for purposes outside of treatment, payment, or health care operations when your appropriate authorization is obtained. An "*authorization*" is written permission above and beyond the general consent that permits only specific disclosures. In those instances when Amy E. Brown, MS, CADC, LPC is asked for information for purposes outside of treatment, payment or health care operations, Amy E. Brown, MS, CADC, LPC will obtain an authorization from you before releasing this information. Amy E. Brown, MS, CADC, LPC will also obtain an authorization from you before using or disclosing PHI in a way that is not described in this Notice.

Amy E. Brown, MS, CADC, LPC
1595 Paoli Pike
West Chester, PA 19380
610.416.0793
Amyebrown.lpc@gmail.com
www.amyebrown.com

You may revoke all such authorizations of PHI at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that has already relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

Amy E. Brown, MS, CADC, LPC may use or disclose PHI without your consent or authorization in the following circumstances:

- *Child Abuse* – If, in the ordinary course of our work Amy E. Brown, MS, CADC, LPC has reasonable cause to suspect or believe that any child under the age of eighteen years (1) has been abused or neglected, (2) has had non-accidental physical injury, or injury which is at variance with the history given of such injury, inflicted upon such child, or (3) is placed at imminent risk of serious harm, then Amy E. Brown, MS, CADC, LPC must report this suspicion or belief to the appropriate authority.
- *Adult and Domestic Abuse* – If Amy E. Brown, MS, CADC, LPC knows or in good faith suspects that an elderly individual or an individual, who is disabled or incompetent, has been abused, Amy E. Brown, MS, CADC, LPC may disclose the appropriate information as permitted by law.
- *Health Oversight Activities* – If a State of Pennsylvania licensing board or the Department of Public Health is investigating Amy E. Brown, MS, CADC, LPC , the board may subpoena records relevant to such investigation.
- *Judicial and Administrative Proceedings* – If you are involved in a court proceeding and a request is made for information about your diagnosis and treatment and the records thereof, such information is privileged under state law, and Amy E. Brown, MS, CADC, LPC will not release information without the written authorization of you or your legally appointed representative or a court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation or release of information is court ordered.
- *Serious Threat to Health or Safety* – If Amy E. Brown, MS, CADC, LPC believes in good faith that there is risk of imminent personal injury to you or to other individuals or risk of imminent injury to the property of other individuals, Amy E. Brown, MS, CADC, LPC may disclose the appropriate information as permitted by law.
- *Worker's Compensation* – Amy E. Brown, MS, CADC, LPC may disclose protected health information regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

Amy E. Brown, MS, CADC, LPC
1595 Paoli Pike
West Chester, PA 19380
610.416.0793
Amyebrown.lpc@gmail.com
www.amyebrown.com

- *Other* – When the use and disclosure without your consent or authorization is allowed under other sections of Section 164.512 of the Privacy Rule and the state's confidentiality law. This includes certain narrowly-defined disclosures to law enforcement agencies, to a health oversight agency (such as HHS or a state department of health), to a coroner or medical examiner, for public health purposes relating to disease or FDA-regulated products, or for specialized government functions such as fitness for military duties, eligibility for VA benefits, and national security and intelligence.

IV. Patient's Rights and Amy E. Brown, MS, CADC, LPC 's Duties

Patient's Rights:

- *Right to Request Restrictions* – You have the right to request restrictions on certain uses and disclosures of protected health information. However, Amy E. Brown, MS, CADC, LPC is not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are a patient or client of the office. On your request, Amy E. Brown, MS, CADC, LPC will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. Amy E. Brown, MS, CADC, LPC may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, Amy E. Brown, MS, CADC, LPC will discuss with you the details of the request and denial process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. Amy E. Brown, MS, CADC, LPC may deny your request. On your request, Amy E. Brown, MS, CADC, LPC will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI. On your request, Amy E. Brown, MS, CADC, LPC will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice upon request, even if you have agreed to receive the notice electronically.
- *Right to Restrict Disclosures When You Have Paid for Your Care Out-of-Pocket* – You have the right to restrict certain disclosures of PHI to a health plan when you pay out-of-pocket in full for my services.
- *Right to Be Notified if There is a Breach of Your Unsecured PHI* – You have a right to be notified if: (a) there is a breach (a use or disclosure of your PHI in

Amy E. Brown, MS, CADC, LPC
1595 Paoli Pike
West Chester, PA 19380
610.416.0793
Amyebrown.lpc@gmail.com
www.amyebrown.com

violation of the HIPAA Privacy Rule) involving your PHI; (b) that PHI has not been encrypted to government standards; and (c) my risk assessment fails to determine that there is a low probability that your PHI has been compromised.

Amy E. Brown, MS, CADC, LPC 's Duties:

- Amy E. Brown, MS, CADC, LPC is required by law to maintain the privacy of PHI and to provide you with a notice of its legal duties and privacy practices with respect to PHI.
- Amy E. Brown, MS, CADC, LPC reserves the right to change the privacy policies and practices described in this notice. Unless Amy E. Brown, MS, CADC, LPC notifies you of such changes, however, Amy E. Brown, MS, CADC, LPC is required to abide by the terms currently in effect.
- If Amy E. Brown, MS, CADC, LPC revises his policies and procedures (for which she reserves the right to do), Amy E. Brown, MS, CADC, LPC will provide you with a revised notice by directly handing it to you if you are actively seen in his office at that time.

V. Complaints

If you are concerned that Amy E. Brown, MS, CADC, LPC may have violated your privacy rights, or you disagree with a decision Amy E. Brown, MS, CADC, LPC made about access to your records, you may contact her to discuss this matter further. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services.

VI. Effective Date, Restrictions, and Changes to Privacy Policy

This notice went into effect on January 1, 1992 and was amended on February 8, 2024

My signature below indicates that I have read and understood this privacy notice and have been offered a copy for my records.

PLEASE RETURN ONLY THIS SIGNATURE PAGE

____

Signature of Patient

____

Printed Name of Patient

Amy E. Brown, MS, CADC, LPC
1595 Paoli Pike
West Chester, PA 19380
610.416.0793
Amyebrown.lpc@gmail.com
www.amyebrown.com

____
Date

Amy E. Brown, MS, CADC, LPC, CCTP
610.416.0793
amyebrown.lpc@gmail.com
www.amyebrown.com

CONFIDENTIAL

Healthcare Professional Evaluation Intake

Please put your name on each page, print neatly or type, and add extra pages as needed

Date:
Name:

DOB/age:
Address:
Email address:
Cell phone number:

License type:
Reason for evaluation:

Case manager:
Date of lab work:
Date of evaluation:

Have you been previously referred to NHP/PHP/PHMP? If so, please provide details.

Substance Use History:

Please include every substance you've **ever** tried (even once), including nicotine and marijuana

Substance	**Age of first use**	**Initial pattern**	**Recent pattern**	**Date of last use**	**Consequences**
Example: Alcohol	age 16	2-3 beers on weekends	8-10 beers daily	May 2024	Blackouts, lost job, DUI

Amy E. Brown, MS, CADC, LPC, CCTP
610.416.0793
amyebrown.lpc@gmail.com
www.amyebrown.com

Counseling History:

Have you ever been in counseling for any reason?

Dates	**Provider and location**	**Reason**	**Outpatient/ inpatient?**

Recovery:

Do you identify as a person in recovery?

Have you ever attended recovery meetings?

Did/do you have a sponsor?

Family/Social History:

- Are you adopted?
- Where were you born and raised?
- Who did you grow up with?
- Do any blood relatives have mental health and/or substance use issues?
- Were you raised in a particular religion? Do you practice a religion now?
- How are your current relationships with family members?
- Have you been married or in long-term relationships? If so, please provide details.
- Where do you currently live with and with whom?
- Gender/ages of children and stepchildren:
- Who do you talk to if you're upset or stressed?
- What activities do you enjoy in your free time?

Educational/Military History: **Name of school, city and state, years attended/graduated, degree/ license earned**

- High school:
- College:
- Post-college education:
- Initial licensure year:
- If you are a veteran, please provide years of service, which branch, and nature of discharge. Please also note if you saw combat/were stationed in a war zone.

Employment History: (Please account for the last five years)

For each employer: Name, location, dates, position, attendance/performance issues, reason for leaving

- Current employer:

- Previous employers:

Legal History:

- Have you ever been arrested? If so, please provide details:
- Do you have a pending court date?
- Are you currently on probation or parole? If so, please provide details and the name and contact information for your PO:

Medical History:

Please list any medical problems:

Current Medications:

Name, dose, frequency, reason, and prescriber (i.e.: psychiatrist, PCP, etc.)

1.

2.

3.

4.

Mental Health History:

If you have any past/current mental health diagnoses, please provide the year of initial diagnosis and any current symptoms.

1.

2.

3.

- How is your sleep? Appetite? General energy level?
- Have you ever considered or attempted suicide? If so, please provide details.
- Have any of your family members attempted or completed suicide? If so, please provide details.

Amy E. Brown, MS, CADC, LPC, CCTP
610.416.0793
amyebrown.lpc@gmail.com
www.amyebrown.com

- Have you ever considered or attempted to seriously harm someone else? If so, please provide details.
- Did/do you ever do anything to deliberately harm yourself? If so, please provide details.
- Did/do you ever hear or see things that other people don't (when not intoxicated)? If so, please provide details.
- Did/do you struggle with disordered eating and/or purging? If so, please provide details.
- Please describe your mood and stress level over the past few months:
- Please mention any past/current mental health issues not covered above:

Collateral Contacts: **Please list names and cell phone numbers for at least one friend, a work superior and/or co-worker (past or present), and a family member. I will be contacting them to obtain additional information for this evaluation and will not release any of your personal information. Please let your contacts know I'll be texting them soon. Thank you.**

Name and relationship | Cell phone number

1.

2.

3.

Comments/concerns about your upcoming evaluation?

Please **scan** all completed forms back to me at least 24-hours before our appointment: amyebrown.LPC@gmail.com

Thank you!