



Pamela Silver, Psy.D.

Clinical Psychologist

954.430.0202

I invite you to ask me any questions you have regarding my services. The best psychotherapy is based on an open collaboration between doctor and patient.

Patient Information

Patient Name _____

Address _____ Apt _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Work phone _____ Email _____

D.O.B. _____ Age _____ Marital Status _____

Medical History

Primary care physicians name _____

Phone # _____ Date of last checkup _____

Hospitalizations, serious illness and/or injuries _____

Please list any medications you are taking and for what condition/reason _____

Current or history of suicidal gestures or attempts? Y N

Current or history of physical or sexual abuse? Y N

Current or history of treatment for alcohol or drug use? Y N





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Credit Card Information

A credit/debit card is necessary for clinical services to be rendered.

Please accept my signature below as authorization to bill my credit/debit card.

Account # _____ Zip code for card _____

Expiration date _____ CVV _____

For therapeutic services in the amount of \$ _____ as they occur for the following client(s) _____

I hereby verify I understand the office "CANCELLATION POLICY" requiring appointment to be canceled at least **24 hours prior to our scheduled session**. If cancellation is not received, I authorize my credit card to be billed for the missed session. The authorization will remain in effect until it is revoked in writing. I certify that I am an authorized signer of the account provided.

Signature _____ Date _____

HIPAA and Consent for Treatment

I have been presented with a copy of Dr. Silver's HIPAA Notice of Private Policies detailing how my information may be used and disclosed under Federal and State law. I understand the contents of the Notice.

I agree to, and give consent for treatment by Dr. Silver. I authorize Dr. Silver to release any information required to process insurance claims, and authorize my insurance company to pay benefits directly to Dr. Silver.

Signature _____ Date _____

