

HOUSE CALLS, LLC TM

AN INDIVIDUALIZED APPROACH TO LIFE DECISIONS

Intake Form and Service Contract

****Please note - We do not take insurance (we are private pay).***

The purpose of this intake form is to prepare for the initial HOUSE CALLS consultation and save time during the session.

*If you would rather complete the intake form on the phone with one of our team members, you have the option to be interviewed (over the phone). However, a fee may be incurred depending on the length of the interview session. Please let us know if you would rather complete the intake form in this manner.

"We like to save people time and money on the initial consult visit. House Calls provides a full review of the comprehensive information on this intake form as a courtesy. Often we can propose a plan before a House Calls team member gets to your appointment."

-House Calls, LLC

Please complete and return the form before the scheduled appointment using one of the following options:

Email: callingonbeth@gmail.com

Mail: House Calls, LLC c/o Olney Post Office, Post Office 776, Olney, MD 20830

Fax: 301-774-9711

Today's Date: _____

How did you hear about House Calls? _____

INFORMATION ABOUT THE PERSON NEEDING ASSISTANCE (THE "CLIENT")

Name of Client: _____

Client's Age: _____

Home Number: _____ Cell Number: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Best days for an initial consult:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

AM PM Anytime Requested Time: _____

NOTE: If you are not the client, it is better to meet with you alone the first time if he/she are resistant.
Where would the client be most comfortable meeting?

Place	Check	Comment
Restaurant	<input type="checkbox"/>	
Coffee shop	<input type="checkbox"/>	
Library	<input type="checkbox"/>	
Relative's Home	<input type="checkbox"/>	
Client's Home	<input type="checkbox"/>	
School	<input type="checkbox"/>	
Work	<input type="checkbox"/>	

WHY DID YOU CONTACT HOUSE CALLS?

CLIENT'S NEEDS: Check all that may apply

Life Transition Categories (note: some Life Transition and Coordination of Services areas may overlap)	Check	Comment
1. Accommodations	<input type="checkbox"/>	
2. Advocacy	<input type="checkbox"/>	
3. Business/Client Relationships	<input type="checkbox"/>	
4. Case Management	<input type="checkbox"/>	
5. Community Resources	<input type="checkbox"/>	
6. Counseling	<input type="checkbox"/>	
7. Online Counseling/Skype	<input type="checkbox"/>	
8. DeClutter/Organization	<input type="checkbox"/>	
9. Discharge Needs	<input type="checkbox"/>	
10. Doctor Referrals	<input type="checkbox"/>	
11. Elderly Issues	<input type="checkbox"/>	
12. Educational	<input type="checkbox"/>	
13. Exposure Therapy	<input type="checkbox"/>	
14. Family Issues	<input type="checkbox"/>	
15. Homecare	<input type="checkbox"/>	
16. Housing Referrals	<input type="checkbox"/>	
17. Medicaid	<input type="checkbox"/>	
18. Recreational	<input type="checkbox"/>	
19. Recovery Coach	<input type="checkbox"/>	
20. Risk Assessment	<input type="checkbox"/>	
21. Social Security	<input type="checkbox"/>	
22. Vocational	<input type="checkbox"/>	
23. Other	<input type="checkbox"/>	

Elaborate on expectations and what has been done in the past that did not work:

PERSON CONTACTING HOUSE CALLS, LLC ("REFERRING PARTY")

Name: _____

Relationship to Client: _____

Referring Party Home Number: _____ Cell Number: _____

Preferred number to reach you: Home Phone Cell Phone

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Are you the Authorized Representative to speak on behalf of client?

Yes No Explain: _____

Power of Attorney Medical: Yes No Financial: Yes No

Trustee Yes No

Legal Representative Yes No

Guardian Yes No

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR BILL:

Is Client or Referring Party responsible for paying House Calls invoices for services to Client?

Yes No _____ Client Responsible

Yes No _____ Referring Party Responsible

If No,

Name of person who will be paying the bill ("Payee"): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: _____ Cell Number: _____

Email Address: _____

Electronic Signature: _____

I agree to all terms of this document.

THIS PORTION OF THE INTAKE IS OPTIONAL AND PROVIDES FOR ADDITIONAL INFORMATION ABOUT CLIENT THAT WILL ASSIST HOUSE CALLS IN ITS EVALUATION OF CLIENT'S NEEDS. IF YOU WISH TO SKIP THIS SECTION, SCROLL DOWN TO THE END OF THIS FORM FOR SIGNATURE

CLIENT'S FAMILY INFORMATION

Mother: _____

Father: _____

Sister(s): _____

Brother(s): _____

Spouse (marital status): _____

Children: _____

Who does client live with : _____

Relevant Information About Family Dynamics:

Who is Client's Support System?

Financial: _____

Emotional: _____

Both: _____

Strengths of Client:

Limitations of Client:

Client's Weekly Recreational Routine:

RELEVANT MEDICAL INFORMATION

MEDICAL DOCTOR

Doctor's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Number: _____ Cell Number: _____

PSYCHIATRIST

Name of Psychiatrist: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Office Number: _____ Cell Number: _____

SOCIAL WORKER OR PSYCHOLOGIST

Name of Social Worker or Psychologist: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Office Number: _____ Cell Number: _____

List all medications:

RECENT HOSPITALIZATION

Hospitalization (if applicable):

Name of hospital(s):

Dates hospitalized:

What behavior necessitated hospitalization?

What has been done in the past in an attempt to help with this issue?

Additional Information:

Memorandum of Agreement

The fee for an initial consultation is \$175 an hour (\$45 for each 15 minutes over the hour) and a \$25 travel fee (if within Montgomery County). Outside Montgomery County, IRS business travel mileage will apply.

Agree

****NOTE:** Additional fee may apply if you are requesting the Owner, BETH ALBANEZE, CTRS CPRP (travel fee \$25 if within Montgomery County).

Agree

Travel exceeding the Montgomery County radius will be based on current IRS rates per mile.

Agree

Payment is due immediately after the consultation session unless otherwise negotiated with House Calls, LLC in advance. *House Calls takes payments through Paypal. **Cancellation with less than 24 hours notice requires payment of the full fee since the specialist will have reserved their time (that includes no-show).

Agree

Any phone calls, emails, referrals, and/or advocacy work after the initial consultation, will be billed at an hourly rate (same as above). We will give you advance notice if this is necessary.

Agree

The action plan for services agreed will be emailed to select member(s) of the House Calls team working with this client and one client representative (if not the client).

Agree

If I accept assistance from House Calls, payment is due when services are rendered. Additional fees may apply if House Calls is asked to create multiple action plans, perform any other service and/or discuss the action plan with more than one client representative.

Agree

Agreement to Pay Bill:

I agree to pay for my consultation immediately after services are rendered. If House Calls has not received payment before the end of the month that the service was provided, I understand a late fee will apply until payment is paid in full.

Agree

Agreement to Self-Pay:

I acknowledge - House Calls services provided are private pay and insurance is not an option.

Agree

Name of Person Paying Bill:

Permission Given to House Calls, LLC:

Permission is given to House LLC to communicate with other parties relevant to the client's rehabilitation goals and objectives. At all times confidentiality will be respected unless there is imminent harm, bodily injury or abuse. We are not a crisis service and defer to the family or relevant community resources to intervene.

Agree

Email Privacy Statement:

For Your Information: In general, email communications are not secure. Please check here for your informed consent to communicate through these channels. If you do not check this, we will assume you will print this Intake (or download the pdf Intake Form to bring with you).

Agree

I am aware of the risks associated with sending House Calls emails or other channels.

Agree

Please type your electronic signature to give your consent for email correspondence.

I hereby agree to be bound by this agreement and am aware that if you choose an electronic signature is enforceable as if it were handwritten. This verifies that I give my written consent to bill me for any of the above related expenditures including legal fees, court costs and collection expenses

involved for breach of contract.

Agree

SIGNATURE _____

Date: _____

-----FOR OFFICE USE: -----

Received House Calls Representative: _____ Date _____