

SJ | STOKAN JAGGERS &A & ASSOCIATES

Social Skills Therapy Intake Form Dr. Thomas C. Merriman

Client Name: _____ Date: _____

Age: _____ D.O.B.: _____ Gender: _____ Referred by: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Responsible Party #1: _____ Phone: _____

Responsible Party #2: _____ Phone: _____

Initial here if you would like a printed copy of HIPPA guidelines: _____

What brings you here today? _____

I understand that the fee for all appointments with Dr. Thomas C. Merriman is \$120 per session. I understand payment is due at time of service. If an appointment is made, but a cancellation is necessary, I understand fees may incur unless I notify Stokan Jagers & Associates at least 24 hours in advance. I also understand that Dr. Merriman provides instruction rather than counseling. He is a certified professional school counselor, not a licensed professional counselor.

Client Signature (Or Guardian Signature, if Minor)

Date