

Wayne W. Krug, Ph.D.

Licensed Psychologist

THERAPIST: Wayne W. Krug, Ph.D., is a licensed psychologist who has been in private practice in the Birmingham area since 1982. He has served as an instructor of psychology at the University of Alabama-Birmingham and the University of Montevallo

His specialties include working with:

Panic and Anxiety Disorders	Depression
Premarital Counseling	Marital Counseling
Problems of Childhood and Adolescence	ADHD

PERSONAL NOTE: I believe the Christian message can offer a great deal of hope and encouragement. However, regardless of your faith or particular problem, I look forward to serving you.

CONFIDENTIALITY: Everything about your care will be held in strictest confidence. There are, however, three situations in which therapists are legally required to break confidentiality:

1. If it appears likely that you intend to commit suicide or seriously harm yourself.
2. If it appears likely that you intend to kill or severely harm someone else.
3. If there is a reason to suspect abuse of a child.

COST: The initial 50 minute intake session is \$150.00. The fee for each additional 50 minute therapy session is \$130.00.

CANCELLATIONS: It is important that counseling appointments be kept. **IF YOU MUST CANCEL YOUR APPOINTMENT, PLEASE CALL 24 HOURS IN ADVANCE TO AVOID A FULL CHARGE.**

INSURANCE: As a courtesy to you this office will file your insurance claim to reimburse you for your fees. In order to file insurance, we will require you to complete additional paperwork and provide a copy of your insurance card.

I, the undersigned, agree to pay all charges incurred. I waive all claims or exemptions and agree to pay all costs of collection, including a reasonable attorney's fee, if my account needs to be placed in the hands of an attorney.

DATE: _____ **SIGNATURE:** _____

INFORMATION ABOUT CHILDREN

*PM	NAME	SEX	AGE	LIVING	MARITAL STATUS

* Check this column if child is from a previous marriage (PM).

INFORMATION ABOUT PARENTS

If you were raised by anyone other than your biological parents, explain briefly.

Still living? Father _____ Mother _____ Still together? _____

Was either parent an alcoholic or drug abuser? Father _____ Mother _____

Rate your parents' marriage: unhappy ____ average ____ happy ____ very happy _____

Rate you childhood: unhappy ____ average ____ happy ____ very happy _____

Number of siblings: Older: male ____ female ____ Younger: male ____ female _____

RELIGIOUS BACKGROUND

Denominational preference: you _____ your spouse _____

Do you believe in God? Yes _____ No _____ Uncertain _____

Are you saved or born again? Yes _____ No _____ Uncertain _____

Explain recent changes in your religious life, if any. _____

Briefly answer the following questions. Use other side if necessary.

1. What is the main problem as you see it, i.e., why are you here?
2. How long has this been a problem?
3. What have you done about it?
4. What are your expectations in coming to counseling?

Wayne Krug, Ph.D.

DX_____

TODAY'S DATE _____

INSURED'S FULL NAME _____
(Individual with whom the Insurance is through)

INSURED'S DATE OF BIRTH _____ SS# _____

PATIENT'S DATE OF BIRTH _____ SS# _____

MARITAL STATUS M____S____Other_____

ADDRESS _____

CITY _____ STATE _____

ZIP _____ PHONE# _____

EMPLOYER-COMPANY NAME _____

NAME OF INSURANCE COMPANY _____

CONTRACT# _____ GROUP# _____

CLIENT'S FULL NAME _____
(Individual who is being counseled)

RELATIONSHIP TO INSURED _____

AUTHORIZATION

I authorize Personal Relationships, Inc. to release information required to process my insurance claim.

I understand that my insurance may not pay for the entire counseling fee and I am responsible for all fees not covered by my insurance company.

Printed Name of Patient/Guardian

Signature of Patient/Guardian

Date