Desert Sands Medical Group

Office of Stephanie Brady, Psychiatric Nurse Practitioner

34406 N. 27th Drive, Building #6, Suite 140, Office 103

Phoenix, AZ 85085

480-648-5217

Intake Paperwork - please complete before your appointment and fax back to 623-321-2352 or bring with you to your appointment. Alternatively, you can email the completed paperwork to stephaniebrady@desertsandsmedical.com.

Please allow approximately one hour for your first appointment.

We are located at the corner of Carefree Highway and 27th Drive, on the south side of the road behind the Wells Fargo and Walgreens. **Look for Building 6, suite 140, office 103.**

Please let us know by 8 am on the day of your appointment if you need to cancel or reschedule. Cancellations after 8 am day of, or no shows, will be charged a $60 fee.

Thanks!

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Name:_____DOB_____Age_____

Address:_____City_____State_____Zip_____

Mailing Address_____City_____State_____Zip_____
(if different)

Cell phone _____ Home phone_____

Ok to text appointment reminders? Yes No

Email_____

Employer and Occupation_____

Pharmacy_____ Cross Streets_____ Phone_____

Relationship Status: Single Married Partnered

Name of Spouse/Partner_____

Children & Ages_____

I GIVE PERMISSION FOR STEPHANIE BRADY TO RELEASE AND/OR RECEIVE MEDICAL OR FINIACIAL INFORMATION, WHICH MAY INCLUDE PROTECTED HEALTH INFORMATION, TO THE FOLLOWING PEOPLE, NOT INCLUDING HEALTH CARE PROVIDERS: **(OPTIONAL)**

NAME_____RELATIONSHIP_____PATIENT INITIALS_____

NAME_____RELATIONSHIP_____PATIENT INITIALS_____

Referred By_____

In case of emergency notify_____Relationship_____Phone_____

AUTHORIZATION TO BILL CREDIT CARD **(OPTIONAL)**

Credit Card Type: VISA/MasterCard/Discover/American Express

Card #_____ Exp Date_____

Security Code _____Associated Zip Code_____

Name as appears on card_____

Authorized Signature_____Date_____

Name_____

Please explain why you are seeking help at this time:

_____

Please explain how your problems are affecting your work and relationships, plus your general functioning:

_____

On a 1 to 10 scale, with 1=no distress and 10=extreme distress, please rate your distress level _____

Have any of the important people in your life brought any issues of concern to your attention recently?

_____

In a few words, what do you hope to accomplish in treatment? _____

_____

Please check any health problems you have or have had:

____lung	____high blood pressure	____arthritis
____liver	____diabetes	____other pain
____kidney	____seizures	____cancer
____stomach/intestinal	____head injury	____thyroid

Females: Are you pregnant or is there a chance you could be pregnant? Yes No

How much and what kind of exercise you get:

_____

Height_____ Weight_____

Have you ever been arrested? YES NO_____

Have you ever tried to kill yourself or hurt yourself in any way? YES NO _____

Is there any danger these days that you might hurt yourself or someone else? YES NO_____

Medicines you are allergic to: (please describe type of reaction)

_____

_____

Medications/vitamins/supplements Dosage How many times per day?

_____

_____

_____

_____

_____

_____

_____

Please rate your level of difficulty with these problems - 0 (none) to 3 (severe):

___Physical health
___Low mood
___Chronic pain
___Mood swings
___Energy/motivation
___Memory/Concentration
___Sleep
___Suicidal thoughts
___Spirituality/religion
___Marriage/relationship
___Family/in law conflicts
___Sexual functioning
___job or school performance
___Drinking alcohol/using drugs
___Obsessions (unwanted thoughts)
___Thoughts of hurting someone
___Compulsions (unwanted actions)
___Nightmares/Flashbacks
___Paranoid thoughts
___Domestic violence (verbal)
___Domestic violence (physical)
___Financial problems
___Panic attacks
___Anxiety symptoms

Alcohol and Drug History: (Please list age started and types of substances used through the years and any current usage. Also, describe how each of these substances made you feel; what benefit you got from them.). These include alcohol (hard liquor, beer, wine), marijuana or hash, prescription tranquilizers or sleeping pills, inhalants (glue, gasoline, cleaning fluids, etc.), cocaine or crack, amphetamines or crank or ice, steroids, opiates (heroin, codeine, morphine or other pain killers), barbiturates, hallucinating drugs (LSD, mescaline, mushrooms), PCP.

_____

_____

_____

_____

Ever experience withdrawal symptoms from alcohol or drugs? Yes No

Has anyone told you they thought you had a problem with drugs or alcohol? Yes No

Have you ever felt guilty about your drug or alcohol use? Yes No

Have you ever felt annoyed when someone talked to you about your drug/alcohol use? Yes No

Have you ever used drugs or alcohol first thing in the morning? Yes No

Caffeine use per day _____ Nicotine use per day _____

Name _____ Date _____

GAD-7

	Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
			(Please circle your answer)		
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

TOTAL: [ ] = _____ + _____ + _____

	Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
			(Please circle your answer)		
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're a failure or have let yourself or 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 fidgety 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 in some way	0	1	2	3

TOTAL: [ ] = _____ + _____ + _____

Limits of Confidentiality/Missed Appointment Fees

I understand that, although information obtained from or divulged by me is treated in strict confidence and ordinarily will not be transmitted to another person or agency without my prior consent, Desert Sands Medical is obligated by law and may divulge, at the discretion of the professional staff and not necessarily with consent, information about me to another party if I indicate, by word or in action, that:

1. I am abusing a child or have abused a child in the past,
2. I am a minor child who has been the victim of child abuse or physical or sexual assault or neglect
3. I am an elderly adult who has been abused or neglected by a caretaker
4. I intend to physically harm myself; or
5. I am unable to provide for my physical safety

I understand that the professional staff may contact any third parties that is/are deemed necessary in order to protect my physical safety or that of another person. Furthermore, I understand that my records from the Desert Sands Medical are subject to subpoena. I understand that should court subpoena all of, or any portion of, my records from Desert Sands Medical, may submit its records to the court. Otherwise, Desert Sands will consider all information provided as privileged confidential information, and except as noted in this situations above, will not release any information about me or my records to any individual or agency without obtaining my prior approval in the form of a signed authorization.

FEES FOR MISSED APPOINTMENTS*

A scheduled appointment is time reserved for exclusive use. It remains your financial responsibility unless you release it for use by someone else by canceling no later than 8:00 AM on the day of service, which allows Desert Sands Medical to offer the time to another client. Missed appointments and late cancellations have the potential to be troublesome and to be a challenge to the therapeutic relationship. Multiple missed appointments and late cancellations may result in dismissal from Desert Sands.

- Missed Appointments (not kept or not cancelled) $60 automatically charged regardless of the reason (e.g., illness, emergency, or inclement weather)

Appointments may be cancelled by fax (623-321-2352), or voicemail (480-648-5217). Insurance companies will not pay for missed appointment fees or late cancellation fees. Fees charged for missed appointments are due immediately following the missed appointment.

I have read the above and understand its contents.

_____ _____ _____

Patient's Signature Guardian Signature if a Minor Date

CONTRACT FOR CONTROLLED SUBSTANCES

Sedative hypnotics, benzodiazepines, wake-promoting agents, and stimulants, may be useful in treating your clinical disorder, but because of the high potential for misuse and abuse they're closely controlled by state and federal governments. The drugs are intended for therapeutic purposes and to improve functioning, not to provide a feeling of euphoria. We participate in the Arizona Prescription Drug Monitoring Program with the goal of enhancing patient care and ensuring use of controlled substances.

This is a contact between_____ (Patient) and Stephanie Brady NP

The prescribing provider and only this provider will provide controlled substances including but not limited to Sedative hypnotics, Benzodiazepines, and Stimulants for the patient (controlled substances). In addition, as a patient I agree that:

1. All prescription renewals for controlled substances must be anticipated and requested during REGULAR OFFICE HOURS.
2. Refills will not be made if I "run out early" for any reason.
3. All prescriptions for controlled substances will be filled at only (1) pharmacy.
4. Should theft or loss of the controlled substances occur, the local police must be notified and a copy of the OFFICIAL police report be brought to the office, which MUST include the officer's printed name, badge number, and telephone number of the police department making the report. Only then will the provider consider the patient's request for a prescription renewal. Replacement is not guaranteed and is at the discretion of the prescribing provider.
5. By signing this agreement, I am giving informed consent to controlled substance maintenance therapy and understand clearly that:

A. There is a low definite risk of becoming dependent on the drug(s).
B. There is potential for impaired thinking with the drug alone, but especially when used with other controlled substances and alcohol.
C. With evidence of drug seeking behavior outside of this agreement, the provider may discontinue my medical care.
D. The doctor has my permission to order blood or urine studies for drug levels as he/she sees need.
E. This contract may be sent to my family physician, other physicians participating in my care, dentists, and my pharmacists.
F. I give permission for my pharmacist(s) to release any information about prescription drugs I am taking or have taken.

PATIENT'S SIGNATURE_____DATE_____

Name _____

Medscape® www.medscape.com

1.	Has there ever been a period of time when you were not your usual self and...	**YES**	**NO**
	...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	☐	☐
	...you were so irritable that you shouted at people or started fights or arguments?	☐	☐
	...you felt much more self-confident than usual?	☐	☐
	...you got much less sleep than usual and found you didn't really miss it?	☐	☐
	...you were much more talkative or spoke faster than usual?	☐	☐
	...thoughts raced through your head or you couldn't slow your mind down?	☐	☐
	...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	☐	☐
	...you had much more energy than usual?	☐	☐
	...you were much more active or did many more things than usual?	☐	☐
	...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	☐	☐
	...you were much more interested in sex than usual?	☐	☐
	...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	☐	☐
	...spending money got you or your family into trouble?	☐	☐
2.	If you checked YES to more than one of the above, have several of these ever happened during the same period of time? *Please circle one response only.* **YES** **NO**		
3.	How much of a problem did any of these cause you — like being unable to work; having family, money, or legal troubles; getting into arguments or fights? *Please circle one response only.* **No problem** **Minor problem** **Moderate problem** **Serious problem**		