

PHONE CONSULTATION REQUEST FORM

(Please Print)

GENERAL INFORMATION (REQUIRED)				
Last name:	First:	Middle:	Birth date:	Age:
Email address:			Phone number:	
<input type="checkbox"/> I understand that email is not a confidential form of communication and consent to be contacted via email to schedule a consultation.				
<input type="checkbox"/> I do NOT consent to be contacted via email. Only contact me at the phone number provided.				
I am interested in: <input type="checkbox"/> Psychotherapy <input type="checkbox"/> Intuitive Eating coaching <input type="checkbox"/> I'm not sure				

HEALTH INSURANCE INFORMATION (REQUIRED)	
Please note that Dr. Hoffman is only in-network with Anthem/Blue Cross. If you are covered by another insurer, you will be provided with a bill that you may submit to your insurance company for reimbursement.	
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete 1-4. If no, skip this section.	
1. Name of primary (or only) health insurance provider:	2. Member ID:
3. Name of secondary* health insurance provider (if applicable):	4. Member ID:
*If you have more than one health insurance provider and are unsure which is your primary insurer, please call the customer service number on the back of your insurance card to inquire.	

AVAILABILITY (REQUIRED)											
Please circle the days/times that you are available for a regular, 45-50-minute appointment and cross out the times that you are not available:											
Monday	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM	7PM
Tuesday	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM	7PM
Wednesday	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM	7PM
Thursday	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM	7PM
Friday	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM	7PM

AREAS OF CONCERN (OPTIONAL)		
To address your needs, please identify the concerns that prompted you to seek treatment. Check all that apply.		
<input type="checkbox"/> Addictions <input type="checkbox"/> ADHD/learning problems <input type="checkbox"/> Alcohol or drug concerns <input type="checkbox"/> Anger management <input type="checkbox"/> Anxiety, fears, or nervousness <input type="checkbox"/> Bingeing on food <input type="checkbox"/> Body image <input type="checkbox"/> Career/job concerns <input type="checkbox"/> Concentration difficulties <input type="checkbox"/> Concern with another's wellbeing <input type="checkbox"/> Cultural/multicultural concerns <input type="checkbox"/> Cutting/self-injury <input type="checkbox"/> Depression, sadness <input type="checkbox"/> Dieting, weight concerns <input type="checkbox"/> Discrimination <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Family problems <input type="checkbox"/> Financial concerns <input type="checkbox"/> Gambling <input type="checkbox"/> Harassment <input type="checkbox"/> Hearing things that others do not hear <input type="checkbox"/> Identity/sense of self <input type="checkbox"/> Impulse control <input type="checkbox"/> Internet/videogame concerns <input type="checkbox"/> Intimate relationship concerns <input type="checkbox"/> Interpersonal concerns <input type="checkbox"/> Legal concerns <input type="checkbox"/> Loneliness <input type="checkbox"/> Loss, grief or death <input type="checkbox"/> Low body weight/fear of weight gain <input type="checkbox"/> Low self-esteem	<input type="checkbox"/> Medical or health concerns <input type="checkbox"/> Mood swings <input type="checkbox"/> Panic attacks <input type="checkbox"/> Paranoia <input type="checkbox"/> Physical abuse or assault <input type="checkbox"/> Procrastination <input type="checkbox"/> Purging after eating <input type="checkbox"/> Relationship concerns <input type="checkbox"/> Seeing things that others do not see <input type="checkbox"/> Sexual abuse or assault <input type="checkbox"/> Sexuality concerns <input type="checkbox"/> Sleep difficulties <input type="checkbox"/> Spiritual or religious concerns <input type="checkbox"/> Stress or tension <input type="checkbox"/> Thinking about suicide
For Students ONLY:		
<input type="checkbox"/> Academic concerns <input type="checkbox"/> Adjustment to school	<input type="checkbox"/> Faculty/Advisor concerns <input type="checkbox"/> Graduation concerns	