

# Cassius & Associates



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## REGISTRATION FORM

(Please Print)

Today's Date:		PCP:	
<b>PATIENT INFORMATION</b>			
Patient's last name:		First:	Middle:
			Marital status:
E-Mail Address:		Birth date:	Age:
			Sex:
Street address:		Mobile #	Home phone no.: ( )
P.O. box:	City:	State:	ZIP Code:
Occupation:	Employer:	Employer phone no.: ( )	
Chose clinic because/referred to clinic by (Please check one box):		<input type="checkbox"/> Dr.	<input type="checkbox"/> Insurance plan
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Hospital
<input type="checkbox"/> Website/internet		<input type="checkbox"/> Other	
Other family members seen here:			
(Please give your insurance card to the receptionist.)			
Person responsible for bill:	Birth date:	Address (if different):	Home phone no.: ( )
Is this person a patient here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Occupation:	Employer:	Employer address:	Employer phone no.: ( )

## IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: ( )	Work phone no.: ( )
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The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize [Name of Practice] or insurance company to release any information required to process my claims.

*Patient/Guardian signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Referred By MD/Individual \_\_\_\_\_ Internet \_\_\_\_\_ other \_\_\_\_\_

**POLICIES AND INFORMATION REGARDING THE THERAPY PRACTICE**

***\*\*Past Treatment/History\*\****

	None	Outpatient	Inpatient	Both
Psychological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have had previous treatment, please list therapist(s) and where seen:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications and dosage:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***I. Types of Therapy***

The type of therapy that I do is varied according to the particular needs of you, the client. Normally, at our first session we evaluate together what type of therapy is appropriate, what issues to target, and how many sessions you may need.

**Please check EACH type of therapy you feel may be appropriate:**

- \_\_\_ 1. Marriage or Relationship Counseling
- \_\_\_ 2. Individual Counseling
- \_\_\_ 3. Hypnotherapy for \_\_\_\_\_
- \_\_\_ 4. Release Therapy - to release blocked emotions
- \_\_\_ 5. Child sexual abuse treatment
- \_\_\_ 6. Teen Counseling
- \_\_\_ 7. Group Therapy
- \_\_\_ 8. Family Therapy
- \_\_\_ 9. Other: \_\_\_\_\_

***II. Areas of Treatment***

**Please check the areas or symptoms for which you are seeking treatment:**

- |                              |                             |                         |
|------------------------------|-----------------------------|-------------------------|
| ___ Anxiety/OCD              | ___ Stress-Related Symptoms | ___ Compulsive Behavior |
| ___ Alcohol/Drug Addiction   | ___ Depression              | ___ Panic Attacks       |
| ___ Sexual Addiction         | ___ Smoking/Weight Loss     | ___ Co-Dependency       |
| ___ Sexual Dysfunction       | ___ Low self-esteem         | ___ Gender Issues       |
| ___ Unhealthy Relationships  | ___ Trauma                  | ___ Phobias             |
| ___ Hypnosis (specify) _____ | ___ Other _____             |                         |

- Job Status**    No Problem    Disability Leave    Sick Leave    Worker's Compensation  
 Quit    Terminated    Job Abolish/Lay-off    Disciplinary Action

**III. For Those Who Choose Hypnotherapy**

I have investigated and used many different types of treatment in an effort to be the most effective for my clients. I find that hypnotherapy is the most effective and least expensive treatment available today. It is the least expensive because it requires fewer sessions overall.

In most cases I see people for a 60-minute session. The first half-hour is spent talking and uncovering information. Then the next 30 minutes is spent in Hypnotherapy. I find that a great deal can be accomplished with this format. In fact most clients report to me that they have received more benefit from their first hypnotherapy session than in months of regular "talk therapy".

During your session, I will make a "reinforcement Audio Recording" which is used to extend the benefits of your session. With hypnotherapy, *the benefits continue to increase* after you leave the office and during the weeks that follow. In the long run, you will save a lot of time and money if you choose hypnotherapy as your mode of treatment. In some cases, it may be necessary to see you once per week at the beginning of treatment. As you progress, the sessions may be decreased to be every other week due to the long-lasting effects of hypnotherapy. If you still have questions, please feel free to discuss them with me; otherwise, please sign the following agreement.

**If you pre pay your sessions any missed sessions without 24 hour cancellation will count as a session and you will be charged.**

I knowingly and willingly request hypnotherapy treatment by Eric Cassius for myself and/or my child, \_\_\_\_\_ . I acknowledge that this is in no way replacement for any medical treatment.

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**(Your Signature, Date, and Names of Children if applicable)**

***Fees and Cancellation of appointments***

50 min. session:            \$110.00 individual \$125 couples and Family  
Hypnotherapy            \$160 per session or \$650 for 5 sessions pre-paid non-refundable Non-transferable  
Group:                        \$75.00  
Court Time:                \$200.00 per hour, plus travel time unless otherwise contracted.  
Reports for court or SSI: \$75.00 to \$500.00 depending on the length of the report.  
Personality Testing        \$700 for MMPI-2  
ADHD Evaluation            \$500 for 3 sessions test and report

**Late Cancellation/Missed appointment \$50.00 the first two times \$110 the third time must be paid to reschedule.**

**It is important for you, the client, to recognize that when you make an appointment, we are reserving that time for you. If you are late, that cuts down on your therapy time. If you miss an appointment: that is time that could have been scheduled for another client. Therefore, it is necessary for us to charge you for appointments where we have not been GIVEN TWENTY-FOUR HOUR CANCELLATION NOTICE. If you do need to cancel, we appreciate AS MUCH NOTICE AS POSSIBLE, so that someone else who may be waiting for a cancellation can arrange to come in. You may call at any time to notify us of a cancellation by leaving a message on our voice mail as it will leave the time and date of your call. Should finances become a reason for discontinuing your therapy please inform your therapist. In the event that this office must seek outside help to collect on an account the client will pay for these services.**

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**(Your Signature and Date)**

**VI. Video Tapes**

In some cases, you may request to videotape your sessions. give my permission for my sessions to be videotaped and recognize these tapes as the property of Eric Cassius.

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**(Your Signature and Date)**

**VII. Spirituality and Religion**

I respect your religious and spiritual beliefs and differences. I feel very comfortable if you choose to include these in your therapy session. I also respect your right not to include this aspect of your life in your session. Please feel free to discuss this subject with me.

**VIII. Open Discussion**

Please feel free to discuss openly with me any aspect of your therapy or to ask any questions. I look forward to being a part of your treatment process and I feel privileged that you have chosen me to do this work with.

I have read and understand these policies.

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**(Your Signature and Date)**

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**PLEASE DO NOT MARK BELOW THIS LINE.**

INITIAL DIAGNOSIS (DSM IV)

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V: Initial GAF: \_\_\_\_\_

Highest GAF past year: \_\_\_\_\_