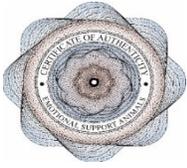


Instructions for Completing Forms for 2018 ESA Evaluation



WELCOME! These forms need to be completed each year before your Phone Evaluation for your Emotional Support Animal (ESA) Letter. These includes:

Page 1. This instruction sheet – Read Only

Page 2. Registration Information - Fill out/Sign/Date/Email/Fax back

Page 3. Confidential History Form - Fill out/Email/Fax back

Page 4. Information and Consent Statement – Read Only

Page 5. NOTICE: PATIENT PRIVACY – Read Only

NOTE: Download the forms to your computer FIRST before completing. Then fill out and SAVE AGAIN or the PDF won't save your information in the form and you will send it blank.

After receiving your completed & *signed forms* (An electronic or typed Signature is accepted) you will receive an email or call (within 24 hrs.) to arrange a 20-30-minute confidential phone evaluation. After completion of session and upon qualification, a letter will be emailed.

IF YOU HAVEN'T RECEIVED A CALL WITH IN 48 HOURS CALL US at 760-485-6784. We have not received your information. Fax or email again.

**If you need an expedited letter (within 24 hrs.)
Call the 760-485-6784 \$79 additional fee.**

If any additional forms are needed to be filled out by the Mental Health Professional and submitted for you, additional sessions may be required for an additional fee starting at \$75 not included in this evaluation. The fees are paid separately from this evaluation.

Enjoy the benefits of having an Emotional Support Animal.

Sincerely,

Joanne S. Williams, LCSW

Joanne Williams, LCSW, Manager
Oregon Lic. L7415 Renews 4/30/19
Next Generation Psychology
www.NextGenPsychology.com
Email- ESA@esaEvaluation.com
Fax-858-810-0239
Phone-760-485-6784

2018 Next Generation Psychology

**EXPEDITED EVALUATION (within 24 hrs.)
Available for an additional \$79.**

CALL -760-485-6784

www.NextGenPsychology.com

Email: ESA@ESAevaluation.com

Phone 760-485-6784 Fax 858-810-0239

Registration Information for 2018 Emotional Support Animal Evaluation



Is this a renewal of a previous ESA Evaluation? No Yes Date of last evaluation _____

LEGAL NAME: _____ DOB: _____ F ___ M ___

Home Phone: _____ Other _____

Email _____ ok to: TEXT Leave a Message

Home Address: _____ Unit # _____

City: _____ State _____ Zip _____

Employer: _____ Occupation: _____

Marital Status: M S W DP D Spouse Name: _____

Emergency Contact Name: _____ Phone # _____

Emergency Contact relationship to client: _____

How did you hear about us? Friend Ad Internet Search FB Other

ASSIGNMENT OF BENEFITS AND RELEASE

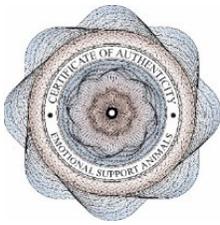
I, the undersigned, hereby authorize the release of any Psychological information necessary for the Mental Health Professional to submit claims on behalf of myself for services rendered or to be rendered. *I accept that I can be charged full fee for appointments missed or cancel with less than 24-hour notice or an additional reschedule fee \$25. No refunds if forms are received processed.*

My Electronic signature also serves as acknowledgment that I have received and understand the Policies and Practices to Protect the Privacy of Patient Health Information reflected by HIPAA regulations sent with these documents.

My Electronic signature below authorizes consent for a Confidential Phone evaluation that may result in a Psychological Diagnosis or recommendations for treatment. I am unable to guarantee a confidential phone line, since wireless technology may be used in this process. There can be breaches with emailing, as it may not be encrypted, I will not hold the Therapist liable for any breeches. If I check box, I agree to receive text messages. Please sign below to show that you have read all the documents, understand and agree with this Information and are giving your Consent for an evaluation and recommendations.

Signature: _____ Date _____

Print Name: _____



2018 CONFIDENTIAL HISTORY FORM

Next Generation Psychology
Email: ESA@ESAevaluation.com
www.NextGenPsychology.com

Phone 760-485-6784 Fax 858-810-0239

Registration Information for 2018
Emotional Support Animal Evaluation

NAME _____ DOB: _____ AGE: _____ DATE: _____

What has happened this year that you feel has contributed to your stress level?

Check Issues affecting Daily Functioning Significantly in Work, Social, Emotionally

Emotional: Sad/overwhelmed Low motivation Agitation Withdrawing Anxious
Angry Death/Loss A move Legal Divorce/Break up Lonely

Work Interference: Poor Concentration Low Productivity Missing work
Financial Issues Limited ability to speak in front of people Work stress Poor attention

Daily Functioning: Weight gain/loss Sleep problems Energy issues Poor eye sight
Physical Issues: Walking/Falls Eating Hearing Grooming Major medical issue

Social Functioning: Family issues Avoid Social Situations Avoids crowds of people
Problems learning Few friends Verbal Repressed Test Anxiety

Do you experience: Fear of Flying Separation Anxiety Anxiety Attacks Claustrophobia
Re-experiencing prior abuse Avoid enclosed places Attention Deficient OCD

Describe your Animal(s): NAME: _____ Breed _____ Weight _____

Describe your Animal(s): NAME: _____ Breed _____ Weight _____

Do you have current Suicidal Thoughts? NO YES Call Suicide Hotline 1800-273-8255 or 911

Which Daily Functioning does your animal help with? Sleep better _____ Better Concentration _____

Helps to Interact with others _____ Take less Meds _____ Motivates to exercise _____ Anxiety/Stress _____

Use of the ESA Letter: Airlines _____ Housing _____ Other: Explain _____

HISTORY/PERSONAL INFORMATION

Your Education/Degree/Dates _____ Military Branch/Years _____

Legal Issues in past of presently? _____ Explain _____

Description of your relationship with spouse _____ with your parents _____

Children's names/Ages _____ Any living at home _____

Family History of Mental diagnosis? _____ **Who?** _____

Current Medical Diagnosis _____

Past Psychological diagnosis given _____

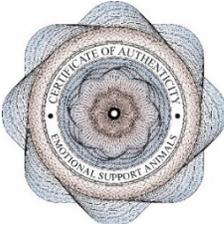
Current Psychology Medication/Dose/Frequency _____

What type of counseling have you had? Marriage _____ Individual _____ CBT _____ When _____ None _____

Psychological Hospitalization/Dates _____ Treatment/RX recommended _____

Have you had problems or been treated for drug or alcohol abuse? _____ Yes No _____ When _____

Have you experienced verbal, physical or sexual abuse any time in your life and by whom?



Next Generation Psychology

Email: ESA@ESAevaluation.com

www.NextGenPsychology.com

Mailing address: 81-944 Hwy. 111 Ste. E #244 Indio, CA 92201

Phone: 760-485-6784 Fax: 858-810-0239

Information and Consent Agreement for Emotional Support Animal Evaluation and Treatment

Therapeutic Philosophy

This Evaluation has both benefits and risks. There are many ways to get an Emotional Support Animal (ESA) Evaluation for a letter; by speaking to your Doctor or Therapist. The Initial evaluation will take approximately 45-1 hour of your time. The Average is 1-2 sessions for ESA Evaluation. *I cannot guarantee a certain outcome.* Intended and unintended emotional reactions are a possibility after discussing emotional issues.

After sending your confidential evaluation forms, one of the Licensed Therapists will schedule time (s) to have a phone session. They will begin with an assessment of your needs by reviewing your history and psychological forms submitted. Next, we will discuss any Issues you are currently experiencing and how your ESA assists you with these symptoms affecting your daily functioning. We encourage you to discuss openly and honestly all of your needs through the process. There are always treatment modalities or medications you could consider as an alternative. A Psychology Diagnosis will be given and discussed with you. It will be described that you have been given a psychological diagnosis in your ESA letter and the daily functioning affected. We will discuss Treatment recommendations. It is your responsibility to follow through with any recommendations. I am only available to clients in California for therapy. There may be risks NOT to follow recommendations for treatment; Such as continuing to have your current symptoms without relief. After the session, if you meet the qualifications for having an Emotional Support Animal, a letter will be emailed to you.

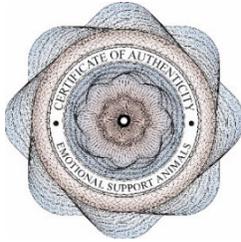
I am not a crisis intervention response team. If you feel you may need that level of service, **call 911**. Or please go to the closest Hospital ER or call **1-800-273-8255 for a Suicide Hotline.**

Confidentiality

I abide by the laws and ethical principles that govern privilege and confidentiality. I will not disclose to anyone anything you tell me, nor even the fact that I have spoken with you without your written consent by way of a signed release of information form. These are some exceptions to this standard:

1. It is legally required of me that I act so as to prevent harm to you or to others when there is "clear and imminent" danger of that happening. Evidence Code 1024 permits breaking confidentiality when a client's mental or emotional state is such that this person presents a danger to self or others, or property of others.
2. Civil Code 43.92 states I must take reasonable steps to warn an identifiable victim, the police of an intended crime. I have a duty to Protect and Respond to threats learned from family members.
3. I am legally required to report cases of ongoing child, elder, and disabled abuse.
4. I may have to release your records when ordered to do so by a court subpoena. However, I will discuss this with you beforehand and request written release from you if I judge this to be in your best interest.
5. Clinicians consult with colleagues about their work at times. Or have office staff that review your information or for training purposes. Your information would be kept confidential and protected.

Any additional forms start at \$75. Paid separately, NOT included in ESA Evaluation.



NOTICE OF PATIENT PRIVACY

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your clinical information and to provide you with this HIPAA NOTICE:

HOW CLINICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION

- We are required by law to have your written consent before we use or disclose to others your clinical information for purpose of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you and the related administrative activities supporting your treatment.
- We may be required or permitted by certain laws to use and disclose your critical information for other purposes without your consent or authorization.
- As a client, you have important rights relating to inspection and copying your clinical information that we maintain, amending or correcting that information, we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.
- We have available a detailed NOTICE OF PRIVACY PRACTICES which fully explain your rights and our obligation under the law that you can request as any time. We may revise our NOTICE from time to time. The effective date at the bottom left side of this page indicates the date of the most current NOTICE in effect.
- You have the right to receive a copy of our most current NOTICE in effect. If you have not received a copy of our current NOTICE, please ask and we will provide you with a copy of the long version of the rights and explanation.
- If you have any questions, concerns or complaints about the NOTICE or your clinical information, please contact Joanne Williams, LCSW at (760)485-6784.

EFFECTIVE DATE 01/08/16