clarity
The speech, hearing, and learning center.
Discovering Potential
Empowering Communication
Transforming Lives

29 North Academy Street | Greenville, SC 29601
p 864.331.1400 f 864.331.1416
www.clarityupstate.org

Dear Client:

We are excited that we will be working with you soon. Prior to your upcoming appointment, we have several forms we would like for you to complete.

The following forms are included within this packet:

1. Background History Form
2. Wender Utah Rating Scale
3. Insurance Disclosure Form
4. Anonymous Questionnaire Form
5. Directions to the Center for Developmental Services (CDS)

Please complete and return the **Background Information Form**, the **Wender Utah Rating Scale**, and the **Insurance Disclosure Form** to the following address ***as soon as possible***:

Clarity
Attention: Psychology and Learning Department
29 N. Academy Street
Greenville, SC 29601

If any questions or concerns arise as you complete these forms, please call **864-331-1402**.

We look forward to seeing you soon!

Sincerely,

The Psychology and Learning Department

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Background Information Form

The purpose of this questionnaire is to gather information before your appointment. Do not worry if you do not have information to answer every question, as we will be discussing this further at your appointment. We appreciate your time and effort in completing this questionnaire.

Date: _____ Person(s) Completing Form: _____

Referred By: _____

Have you been to this agency before? □ Yes □ No If yes, when? _____

Client Identification

Name: _____ Date of Birth: _____

(First) (Middle) (Last) (Nickname)

Address: _____

(Mailing Address) City State Zip Code

_____

(Street Address) City State Zip Code

Home Phone _____ Work Phone _____

Email Address_____

Reason for Appointment

Who recommended or referred you for this appointment? _____

What question(s) or concern(s) would you like addressed/answered? _____

_____

_____

Do you worry that your problem could keep you from achieving your desired potential? □ Yes □ No

If yes, please explain _____

What do you feel led to/caused these concerns? _____

_____

When did you first notice these concerns? _____

Check any of the things below that you have trouble doing:

READING
- □ Reading signs
- □ Reading labels
- □ Reading directions
- □ Reading "how to do" books
- □ Reading newspapers
- □ Reading textbooks
- □ Reading aloud

MATH
- □ Addition/subtraction
- □ Multiplication/division
- □ Making change
- □ Checkbook
- □ Math I use at work
- □ Word problems
- □ Algebra
- □ Math above algebra

LISTENING
- □ To oral directions
- □ To Lectures
- □ On the telephone
- □ With background noise
- □ Following conversation

WRITING
- □ Simple messages
- □ Personal letters
- □ Filling out forms
- □ Writing for my job
- □ Punctuation/spelling
- □ Essays
- □ Reports

DIRECTIONAL CONFUSION
- □ Left/Right
- □ Confused in a new building
- □ Get lost much of the time
- □ Trouble following directions to get somewhere
- □ Lose my place in reading
- □ Don't know where to start filling in forms
- □ Words seem to swim

MEMORY
- □ Remembering names
- □ Details read
- □ Main ideas read
- □ Telephone numbers
- □ Numbers in general
- □ What I just heard
- □ What I just saw
- □ Events long ago
- □ Material I have studied

Developmental History

How old was your mother when she had you? _____

Were there any problems with your mother's pregnancy with you? □ Yes □ No

If yes, please state _____

Were there any problems associated with her delivery of you? □ Yes □ No

If yes, please state _____

Did you have any delays in your early development (e.g., walking, talking)? □ Yes □ No

If yes, please state _____

Please check any of the following that you have had significant difficulty with during your lifetime:

	Preschool	Elementary School	Middle School	High School	Post High School
Hyperactivity	□	□	□	□	□
Impulsivity	□	□	□	□	□
Aggression	□	□	□	□	□
Behavior Problems	□	□	□	□	□
Anxiety	□	□	□	□	□
Depression	□	□	□	□	□
Attention Difficulties	□	□	□	□	□
Learning Difficulty	□	□	□	□	□
Difficulty Decoding Words	□	□	□	□	□
Reading Comprehension	□	□	□	□	□
Writing	□	□	□	□	□
Math	□	□	□	□	□

Name _____ *DOB* _____

	Preschool	Elementary School	Middle School	High School	Post High School
Listening	□	□	□	□	□
Speaking	□	□	□	□	□
Taking Notes	□	□	□	□	□
Understanding Oral Directions or Questions Stated by Others	□	□	□	□	□
Taking Tests	□	□	□	□	□
Time Management	□	□	□	□	□
Remember Information	□	□	□	□	□
Organization	□	□	□	□	□
Studying	□	□	□	□	□
Sleeping	□	□	□	□	□
Eating	□	□	□	□	□
Motor Skills	□	□	□	□	□
Making/Keeping Friends	□	□	□	□	□
Other: _____	□	□	□	□	□
Other: _____	□	□	□	□	□

Medical History

Did you have any serious medical problems as a child? □ Yes □ No

If yes, please state _____

Have you received any diagnoses that are developmental (e.g., ADHD, Learning Disability) or psychological (e.g., anxiety, depression) in nature? □ Yes □ No

If yes, please state _____

_____

Name of Physician _____

My health is considered: □ OK □ Adequate □ Very Good □ Excellent

Major Illnesses/Hospitalizations: _____

_____

Please list any medications you are currently taking:

Medication:	Amount:	Reason:	Prescribed by:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Psychological History:

Have you ever seen a psychologist or psychiatrist? □ Yes □ No

Are you currently under the care of a psychologist or psychiatrist? □ Yes □ No

Name _____ *DOB* _____

Educational History

What schools have you attended? (please list in chronological order beginning with elementary school)

_____

_____

_____

What is the highest grade/educational level you have completed? _____

Do you like to attend school/take classes? □ Yes □ No

Did you ever repeat a grade or course? □ Yes □ No

If yes, which one(s)? _____

Did you ever receive extra help or accommodations in school? □ Yes □ No

If yes, please check when you received assistance and describe what assistance was provided:

Type of Assistance Received (e.g., tutoring, extra time, counseling, resource)

□ Elementary School _____

□ Middle School _____

□ High School _____

□ College _____

□ Graduate School _____

Employment History

Are you currently employed? □ Yes □ No

If yes, what is your current occupation? _____

Have you ever experienced difficulty with your work, either at your current job or in the past? □ Yes □ No

If yes, please briefly describe the type(s) of problem(s) _____

_____

Personal History

Please check one of the following to describe your current relationship status:

□ Single □ In a committed relationship □ Married □ Separated □ Divorced

Do you have children? □ Yes □ No

If yes, how many? _____

Have there been any significant changes/stresses in your family/home within the past year or so? □ Yes □ No

If yes, please describe: _____

What hobbies/interests/activities do you enjoy? _____

_____

Family Medical, Emotional, and Learning History

Please check to indicate if your ***biological*** family members have had the following conditions:

	Immediate Family				Father's Relatives		Mother's Relatives	
Condition	**Dad of Client**	**Mom of Client**	**Siblings of Client**	**Children of Client**	**Dad**	**Mom**	**Dad**	**Mom**
Down Syndrome								
Autism								
Mental Retardation								
Learning Difficulties								
Reading								
Written Language								
Mathematics								
Oral Language								
Hydrocephalus								
Language/Speech Delay								
Hyperactivity								
Attention Deficit								
Conduct Problems								
Drug/Alcohol Abuse								
Neurological Disorders								
Epilepsy/Seizures								
Tics								
Depression								
Anxiety								
Panic Attacks								
Obsessive-Compulsive Disorder (OCD)								
Diabetes or Hypoglycemia								
Hearing Loss								
Vision Problems								
Held back in school								
Muscular problems/weakness								
Other: _____								

Name _____ *DOB* _____

Additional Comments (If needed, please attach additional paper.)

Name _____ *DOB* _____

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WENDER UTAH RATING SCALE (WURS)

Client's Name: _____ DOB _____ Date: _____

AS A CHILD I WAS (OR HAD):	**Not at all or very slightly**	**Mildly**	**Moderately**	**Quite a bit**	**Very Much**
1. Active, restless, always on the go					
2. Afraid of things					
3. Concentration problems, easily distracted					
4. Anxious, worrying					
5. Nervous, fidgety					
6. Inattentive, daydreaming					
7. Hot or short tempered, low boiling point					
8. Shy, sensitive					
9. Temper outbursts, tantrums					
10. Trouble stick-to-it-tiveness, not following through, failing to finish things started					
11. Stubborn, strong willed					
12. Sad or blue, depressed, unhappy					
13. Uncautious, dare-devilish, involved in pranks					
14. Not getting a kick out of things, dissatisfied with life					
15. Disobedient with parents, rebellious, sassy					
16. Low opinion of myself					
17. Irritable					
18. Outgoing, friendly, enjoy company of people					
19. Sloppy, disorganized					
20. Moody, have ups and downs					
21. Feel angry					
22. Have friends, popular					
23. Well organized, tidy, neat					
24. Acting without thinking, impulsive					
25. Tend to be immature					
26. Feel guilty, regretful					
27. Lose control of myself					
28. Tend to be or act irrational					
29. Unpopular with other children, didn't keep friends for long, didn't get along with other children					

WENDER UTAH RATING SCALE (WURS) Continued…

AS A CHILD I WAS (OR HAD):	**Not at all or very slightly**	**Mildly**	**Moderately**	**Quite a bit**	**Very Much**
30. Poorly coordinated, did not participate in sports					
31. Afraid of losing control of self					
32. Well coordinated, picked first in games					
33. (for women only) Tomboyish					
34. Ran away from home					
35. Get in fights					
36. Teased other children					
37. Leader, bossy					
38. Difficulty getting awake					
39. Follower, lead around too much					
40. Trouble seeing things from someone else's point of view					
41. Trouble with authorities, trouble with school, visits to principal's office					
42. Trouble with the police, booked, convicted					
MEDICAL PROBLEMS AS A CHILD:					
43. Headaches					
44. Stomachaches					
45. Constipation					
46. Diarrhea					
47. Food allergies					
48. Other allergies					
49. Bedwetting					
AS A CHILD IN SCHOOL:					
50. Overall a good student, fast					
51. Overall a poor student, slow learner					
52. Slow reader					
53. Slow in learning to read					
54. Trouble reversing letters					
55. Problems with spelling					
56. Trouble with mathematics or numbers					
57. Bad handwriting					
58. Though I could read pretty well, I never really enjoyed reading					
59. Did not achieve up to potential					
60. Repeated grades (which grades?) _____					
61. Suspended or expelled (which grades?) _____					

Adapted from Wender, P. H. (1995). *Attention-Deficit Hyperactivity Disorder in Adults.* New York: Oxford University Press

Name _____ *DOB* _____

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INFORMED CONSENT FOR EVALUATION AND THERAPEUTIC SERVICES

Welcome to the Psychology and Learning Department at Clarity. This agreement contains important information about our services and your rights and responsibilities as a client. It is important that you read this document carefully before participating in the evaluation and/or therapeutic services. After you have read this document, please sign your name on the last page to accept the terms of this document.

CONSENT FOR SERVICES

As a legally consenting individual, I agree to permit the clinicians of the Psychology and Learning Department at Clarity to provide therapeutic services (such as, learning therapy, coaching, or counseling) and/or conduct a comprehensive psycho-educational/psychological evaluation on myself or my child, as applicable.

I understand that therapeutic services may be provided by a person who holds at least master's degree and has received specialized training in learning disabilities, special education, reading, psychology, counseling, elementary education with concentration in special education or reading, secondary education with concentration is special education or reading. When required by law due to the nature of services rendered (that is, coaching or counseling), services are provided by a licensed psychologist, a licensed professional counselor, post doctoral fellow under the direct supervision of a licensed psychologist, or psychology trainee under the direct supervision of a licensed psychologist.

I understand that evaluations are provided by a licensed psychologist, post doctoral fellow, or psychology trainee under the direct supervision of a licensed psychologist. A post doctoral fellow is an individual who has a doctoral degree in psychology and is in the process of completing the year-long supervisory period that is required prior to becoming a licensed psychologist. A psychology trainee is an individual who has not yet obtained a doctoral degree in psychology but is obtaining training required for the completion of a doctoral degree in psychology.

I understand that participation in therapeutic services and/or an evaluation is entirely voluntary and I or my child can withdraw consent at any time without penalty. However, I understand that Clarity may be unable to provide feedback of the test results if testing is terminated, and that I will still be responsible for payment of any testing, scoring, and evaluation time provided up until termination.

CONFIDENTIALITY

I understand that communication between a client and clinician are protected by both federal and state law. The results of this evaluation will be confidential and will not be released in an individually identifiable form without my prior consent unless required by law. I understand that in many situations, Clarity can only release information about this evaluation to others if I sign a written authorization form that meets certain legal requirements imposed by state and federal privacy regulations. Clarity will follow applicable state laws and professional standards in the storage, maintenance, retention, and destructions of clinical records. Please see the HIPAA Privacy Notice, which explain HIPAA and how it applies to your personal health information in greater detail.

I agree that for training purposes, evaluation sessions may be observed by supervisors or trainees (such as, a postdoctoral fellow). I also authorize the use of clinical case discussion and review of records for the purpose of training or consultation with other providers within Clarity, who are also legally bound to keep the information confidential.

I understand that Clarity must be in compliance with child abuse reporting laws and court mandated rulings regarding release of confidential information or any provision of psychological services. Situations in which Clarity is legally obligated to take action and may reveal some personal health information including, but are not limited to, filing a report with the appropriate government agency when they have reasonable cause to suspect abuse, abandonment, or neglect of a child under 18 or a vulnerable adult, protective action if it is believed that a client represents a clear and immediate threat to another person or themselves, or receipt of a subpoena from a court proceeding.

FEES AND INSURANCE

The fee for this evaluation is $_____. An initial deposit of one half the cost of the evaluation will be due two weeks prior to the evaluation date along with the intake paperwork. The balance, payable by cash, check, or credit card, is due the day of the evaluation. The Psychology and Learning Department at Clarity does not bill insurance companies. Questions concerning the fee or the payment policy should be discussed with the intake coordinator prior to the evaluation.

AUTHORIZATION FOR INFORMED CONSENT FOR PSYCHO-EDUCATIONAL EVALUATION

I fully understand and accept the terms of this consent.

_____ _____

Signature of Client (representative or parent/guardian if a minor) Date

_____ _____

Print Name Relationship to Client (if not self)

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INSURANCE DISCLOSURE

Please read and sign the following. If you have any questions about this form, please call (864) 331-1402.

I understand that I am responsible for filing insurance for psychology and learning services. I will be given appropriate paperwork for the purpose of filing. I understand that Clarity is not contracted with any insurance company for psychology and learning services. I am responsible for all costs associated with learning services up front.

For our Psychology and Learning Services payment is required at the time of service.

_____ _____
Signature of Patient Date

_____ _____
Patient Name Patient's Date of Birth

Deposit Acknowledgement:
I acknowledge that if I cancel my evaluation within (2) weeks of the appointment, and choose not to reschedule the appointment, the deposit will be forfeited. (This policy applies to cancelled appointments – not appointments that must be rescheduled due to illness or family emergency.) I further acknowledge that I will be allowed only one reschedule before my deposit is forfeited (does not apply if Clarity Staff causes the reschedule).

_____ _____
Signature of Parent/Guardian Date

_____ _____
Patient Name Patient's Date of Birth

Directions to the Center for Developmental Services

From Anderson or Spartanburg:

- Take I-85 to Exit 42 in Greenville (I-185)
- Take I-185 into Greenville (2.4 miles)
- I-185 becomes Mills Ave./29
- Drive 1 mile on Mills Ave. to Augusta St./25
- Turn left onto Augusta St.
- Drive about 1 mile to intersection of Pendleton, River, Main, and Augusta Streets -- veer left onto River St.
- Turn left onto Camperdown Way
- Turn right onto Academy St.
- Cross McBee Ave. and Washington St.
- Building is on the left on the corner of Hampton and Academy Streets

From Easley:

- Take U.S. 123 N. to Greenville
- Becomes Easley Bridge Highway/U.S. 123 N.
- Cross Pendleton St. -- becomes S. Academy St./U.S. 123 N.
- Drive about 3 miles -- cross Washington St.
- Building is on the left on the corner of Hampton and Academy Streets

From Greer or Spartanburg:

- Take Wade Hampton Blvd./U.S. 29 S. to Greenville
- Veer left onto Church St.
- Turn right onto Academy St.
- Cross Buncombe St. -- drive one block
- Building is on the right on the corner of Hampton and Academy Streets

From Laurens and the Golden Strip area:

- Take I-385 into Greenville
- Cross Church St./U.S. 29 (pass the BI LO Center) -- street name becomes Beattie Pl.
- Cross Main St. -- street name becomes College St.
- Turn left onto Academy St.
- Building is on the right on next block on the corner of Hampton and Academy Streets

From Travelers Rest:

- Take Poinsett Highway/U.S. 276/U.S. 25 south to Greenville
- Becomes Rutherford St.
- Turn left onto Buncombe St.
- Drive a half mile -- turn right onto Academy St.
- Building is on the right on the next block on the corner of Hampton and Academy Streets