



Valerie Yeo, PsyD, LLC
Licensed Psychologist (OR #2700)
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CLIENT INFORMATION FORM

Legal Name: _____ DOB: _____

Current Address: _____

Phone number: _____ OK to leave voice message? YES NO

On occasion, I will send email messages for scheduling purposes only, is it OK to email? YES NO

Email: _____

Emergency Contact Information:

Please identify someone who you would like me to contact in the event of an emergency.

Name: _____

Address: _____

Phone number: _____

Relationship to you: _____

If using insurance, are you the subscriber? YES NO

If no, please list the name, phone number, date of birth, and address of the subscriber.

ABOUT YOU

Age: _____ Gender pronouns: _____

Racial/Ethnic/Cultural background: _____

Sexual orientation: _____

Relationship status: _____

Other salient identities: _____

Career/Employment: _____

What do you do for self-care? What makes you happy?

OFFICE USE ONLY:

Insurance Information:

Copy of insurance card Copayment Fee: _____

Notes: _____

SLIDING FEE AGREEMENT

If you are planning to use the sliding fee for payment of services, we will complete this portion together.

Sliding Fee: Agreed Upon Fee Per 50-55 min Session: _____

Payment Notes: _____

By signing below, I have read and understand that the agreed-upon fee is expected at the time of the therapy session. If I am unable to pay at the time of session I will inform Dr. Yeo in advance so that we can make other arrangements for payment. I understand that if my financial situation changes, I will inform Dr. Yeo within 30 days of that change. I understand that if I late cancel/late reschedule, I may be charged the \$75.00 fee. I understand that if I no show for a scheduled appointment I may be charged the full \$150.00 per session fee. I understand that I may discuss any of these fees with Dr. Yeo.

Client Signature

Today's Date

Print Client's Name