



Beata Bliss Lewis M.D.

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Board Certified Psychiatrist

phone: 646.606.2663

Psychotherapy · Medications · Integrative Medicine
347.803.1826

fax:

Pre Interview Form

Please print, fill out and bring to your initial appointment with Dr. Lewis.
Thank you!

DEMOGRAPHIC INFORMATION (CONFIDENTIAL):

Name: _____ Date of Birth: _____

Home Address: _____

Other Address: _____

Email address: _____

Primary Telephone number: _____

Alternate Telephone numbers: _____

Emergency Contact: _____

Occupation: _____ Referred by: _____

Allergies: _____

Primary Care Doctor: _____

Other current health care providers including current therapist or psychiatrist:

Insurance: _____

Will you be filing with your insurance for out of network reimbursement? Y _____ N _____

Communication Preferences:

It is OK to contact me by **email** regarding scheduling, billing and other general questions: Y _____ N _____

It is OK to contact me by **phone** and leave voicemail messages at my primary phone number: Y _____ N _____

It is OK to **mail** receipts, bills or letters to my primary address: Y _____ N _____

Current main complaint:

841 Broadway, Suite 302, #5, New York, NY 10003
& 49 8th Ave, Brooklyn, NY 11217

Medications: Please list all medications psychiatric and medical, including over-the-counter medications, vitamins, and supplements:

CURRENT Medication	Dosage	Date Started	How many pills How many times per day	Reason	Side Effects

PAST Medication	Dosage	Date Started	How many pills How many times per day	Reason	Side Effects

FAMILY MEDICAL & PSYCHIATRIC HISTORY (please indicate if you or any relative has had any of the following conditions):

Complaint	You or which relative?	Complaint	Which relative?
Heart disease before age 50		Depression	
Congenital heart problems		Anxiety	
Seizures or epilepsy		Bipolar Disorder	
Diabetes		Schizophrenia	
Neurologic Disease		ADHD	
Thyroid Disease		Alcohol Abuse	
Dementia		Drug Abuse	
Cancer		Suicide Attempt	
Learning/Developmental		Insomnia	
Asthma		Impulse Control	

Comments:

MEDICAL HISTORY (please indicate any medical issues):

Current medical problems:	Past medical problems:	Current medical treatment:	Date of last physical exam? By whom? Note any problems found.	Recent medical or lab tests. Note findings.	Comments:	Any complaints with the following?	
						GI system, Digestion	
						Sexual function	
						Respiratory	
						Neurological	
						Pain	
						Women's Issues	

HIPPA NOTICE OF PRIVACY PRACTICES:

The Department of Health and Human Services (HHS) has created a "Privacy Rule" which protects your personal health care information. I am required by law to protect the privacy of health information that may reveal your identity, and to give you a copy of this notice, which describes the privacy practices of my office

PSYCHOTHERAPY: Often called talk therapy, this form of treatment can be helpful to both individuals and families. Benefits can include significant stress reduction, improved relationships, resolution of specific problems, and improved self-insight. However, therapy is not guaranteed to work for everybody and can be a large financial commitment as well as requiring a significant amount of time and energy. Moreover, psychotherapy may also require exploring unpleasant aspects of your life and can, at times, lead to feelings of distress (i.e., guilt, anxiety, frustration, etc.). These unpleasant aspects are generally temporary but are extremely important to discuss when present. Always remember that anything can be discussed in therapy. Thus, it is important to let Dr. Lewis know if you feel that your goals aren't being met. These issues can be addressed in session. Dr. Lewis is also willing to find a therapist that is a better fit for you, if necessary.

MEDICATIONS: Psychiatric medications can be used in conjunction with psychotherapy to treat many conditions. It is important to find the best combination of medications and therapy for each individual case. Dr. Lewis can provide an integrated approach as she is trained to administer both psychiatric medications and psychotherapy. However, she is also willing to consider merely managing your psychiatric medications and sharing the psychotherapy with another provider. This is called the "split treatment" model, and the split treatment option should be discussed in order to determine if it would be a viable option for you. In situations that warrant the use of medications, it is imperative for you to understand the target symptoms and likely outcomes. Additionally, since all medications have the potential for side effects, Dr. Lewis will always discuss the risks, benefits, side effects, government warnings, and alternative treatments (which always includes not using medications) with you.

INITIAL EVALUATION & SESSIONS: Dr. Lewis conducts a thorough psychiatric evaluation during your first one or more sessions. This assessment focuses on determining the best treatment plan possible and is specific to each individual patient. It is extremely important for this initial assessment to be as comprehensive as possible. Therefore, please bring prior treatment records or essential information to your initial appointment and make sure to provide information about previous providers, past psychiatric treatment, and medication trials. In some situations, extra sessions are needed to complete an appropriate evaluation. Additionally, collateral information (i.e., family reports, etc.) can often be helpful. These issues will be discussed during the initial session with Dr. Lewis. Please remember that a comprehensive assessment is necessary regardless of the treatment modality (i.e., psychotherapy, psychiatric medication, or both) as it allows Dr. Lewis to provide the best possible care. Additionally, we will mutually determine if Dr. Lewis is the best psychiatrist to provide your individualized care.

BILLING AND PAYMENTS: You are expected to pay for each session at each appointment. Alternative payment plans must be discussed with and agreed to by Dr. Lewis. Additionally, payment for "other professional services" (as listed above) will be agreed to at the time of your request for these services. Please discuss any concerns with Dr. Lewis as this is an important part of providing top quality care. Dr. Lewis accepts checks, credit cards and cash for professional services. A \$25 fee is charged for all returned checks.

CANCELLATIONS AND NO-SHOW POLICY: Once your appointment is scheduled, you will be expected to pay the full professional fee unless you provide at least 48 business hours advance notice of cancellation. Please notify of cancellation by telephone. Business hours are considered weekdays from Monday through Friday and exclude all standard holidays. Please note that insurance companies generally do not reimburse for missed sessions or those cancelled too late.

INSURANCE REIMBURSEMENT: Dr. Lewis is a private practitioner and is not a part of any insurance panels. As such, she is considered an "out of network" provider for most insurance plans. If you have a health benefits policy that provides mental health coverage, you may be entitled to insurance reimbursement for any provided professional services. You can discuss this with your insurance company by contacting them directly. Regardless of insurance reimbursement, full payment for all services is required at the time of each appointment. Dr. Lewis, however, can provide you with a service invoice (or receipt) that you can submit to your insurance company. She will not bill your insurance company directly. Please also note that if reimbursement is pursued by you, most insurance agreements require you to authorize Dr. Lewis to provide clinical information directly to them. This can include a clinical diagnosis, historical information, treatment plans or summaries, and sometimes a copy of your chart records. In such cases, this information will become a part of the insurance company files and can be used by them to consider future insurability.

CONTACTING ME: Dr. Lewis attempts to be accessible for all urgent issues. If she is not immediately available by telephone 646.606.2663, please leave a voice message and she will return your call as soon as possible. Calls are generally returned within one business day. Please always leave a phone number where you can be best reached. If your call is an emergency, please contact 911 immediately instead of calling the office. Emergency psychiatric services are provided by all hospitals through their emergency rooms and do not require appointments. Emergency room physicians can contact Dr. Lewis at any time so please provide them with her contact information. When Dr. Lewis is unavailable for extended periods of time (i.e., vacation, conferences, etc.), coverage will be provided by a trusted colleague and contact information will be provided on her office voicemail. Please also note that email should never be used for urgent or emergency issues. Please note that at this time Dr. Lewis does not have text messaging capacity, any text messages sent to 646.606.2663 will not be received or recorded in any way. The only means of communication at this time are in person, by phone or by email.

PROFESSIONAL RECORDS: Mental health records are standard practice in psychiatry and protected by both law and professional standards. Although you are entitled to review a copy, these records can be misinterpreted given their professional nature. In rare cases when it is deemed potentially damaging for Dr. Lewis to provide you with the full records, they are available to an appropriate mental health professional of your choice. Alternatively, we can review them together and/or treatment summaries can be provided. Please note that professional fees will be charged for any preparation time required to comply with such requests.

CONFIDENTIALITY: Confidentiality is a cornerstone of mental health treatment and is protected by the law. Aside from emergency situations, information can only be released about your care with your written permission. If insurance reimbursement is pursued, insurance companies also often require information about diagnosis, treatment, and other important information (as described above) as a condition of your insurance coverage. Several exceptions to confidentiality do exist that actually require disclosure by law: (1) danger to self – if there is threat to harm yourself, I am required to seek hospitalization for the client, or to contact family members or others who can help provide protection; (2) danger to others – if there is threat of serious bodily harm to others, I am required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization; (3) grave disability – if due to mental illness, you are unable to meet your basic needs, such as clothing, food, and shelter, I may have to disclose information in order to access services to provide for your basic needs; (4) suspicion of child, elder, or dependent abuse – if there is an indication of abuse to a child, an elderly person, or a disabled person, even if it is about a party other than yourself, I must file a report with the appropriate state agency; (5) certain judicial proceedings – if you are involved in judicial proceedings, you have the right to prevent me from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require my testimony through a subpoena. Although these situations can be rare, Dr. Lewis will make every effort to discuss the proceedings accordingly. Dr. Lewis also reserves the right to consult with other professionals when appropriate. In these circumstances, your identity will not be revealed and only important clinical information will be discussed. Please note that such consultants are also legally bound to keep this information confidential.

PRACTICE STATUS: Dr. Lewis works in an office with other independent mental health professionals. While these professionals share an office space, Dr. Lewis is an independent clinician and provides clinical services up to her professional standards. Her professional records are also separately maintained and no member of the office has access to them without your specific written permission. Additionally, Dr. Lewis practices within a network of other professional colleagues (i.e., primary care doctors, other specialty physicians, psychologists, social workers, therapists, nutritionists, etc.) that she can refer patients to for a multidisciplinary care. If a referral is necessary, this will be discussed in session and Dr. Lewis will work to collaborate with these professionals and coordinate your care. Please note, however, that although Dr. Lewis attempts to identify top quality professionals with very high standards of care, she cannot be responsible for the services/treatment that they provide. It is always your responsibility to determine if a professional referral is acceptable. Other options can generally be provided.

LEGAL TESTIMONY: Legal matters requiring the testimony of a mental health professional can arise. This, however, can be damaging to the relationship between a patient and his/her provider. As such, Dr. Lewis generally recommends that you hire an independent forensic mental health professional for such services.

TREATMENT CONSENT: Your signature below indicates that you have read the Treatment Consent Form (2 pages), which contains information on psychological services, sessions, professional fees, cancellation and

no-show policies, billing and payments, insurance reimbursement, contacting me, professional records, confidentiality, and practice status, and you agree to abide by its terms during our professional relationship.

I HAVE READ AND UNDERSTAND THE TREATMENT CONSENT:

Patient Signature

Date

OPTIONAL AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION:

Please fill out if you would like Dr. Lewis to speak to your prior therapist or psychiatrist to establish continuity of care.

Patient's Name: _____ Date of Birth: _____

I request and authorize Dr. Beata Bliss Lewis to contact and release information to:

Name of Clinician: _____ Phone Number: _____
Address: _____

Name of Clinician: _____ Phone Number: _____
Address: _____

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates:

All healthcare information

Yes No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

Patient Signature

Date

OPTIONAL CREDIT CARD AUTHORIZATION

Complete and sign if you would like to pay for sessions by credit card. Your credit card will be processed after each session.

Name (please print) _____

Please circle one: Mastercard Visa Discover American Express

Name as it appears on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Security Code (3 or 4 digits): _____

Billing Address: _____
