



Robert D. Wells Ph.D. & Associates  
PO Box 3901  
Santa Barbara, CA 93130  
o 559-228-1618 | f 805.563.2996

Patient's Name:	Today's Date:
Address:	Date of Birth: Gender:
City: State: Zip:	Referred by:
Home Phone:	Physician's Name:
Work Phone:	Place of Employment: Job Title:
Cell Phone:	E-Mail Address:

Reason for today's visit:
Prior evaluations/treatments (list names and places of service):
Name of Person Responsible for Payment:
Responsible Person's Relationship to the Patient:
Responsible Person's Home Address:
City: State: Zip:
Home Phone: Work Phone: Cell Phone:
Responsible Person's Place of Employment:



Robert D. Wells Ph.D. & Associates  
1100 W. Shaw Avenue, Suite 134  
Fresno, CA 93711  
559-228-1618

## **FINANCIAL AGREEMENT AND AUTHORIZATION FOR TREATMENT**

I authorize Robert D. Wells, Ph.D. and Associates to provide treatment and I agree to pay all fees and charges for such treatment. I further agree that I will pay all fees and charges promptly and in full upon presentation of the billing statement unless credit arrangements are otherwise agreed upon in writing. The charges shown by such billing statements are agreed upon to be correct and reasonable unless protested by me in writing within 30 days of the billing date indicated thereon. In the event that legal action is necessary to collect any unpaid balances due for services rendered, I agree to pay reasonable attorney's fees or other such costs as the court determines proper. All account balances that are 60 days overdue are charged an interest fee of 1.5% per month (18% per year). It is our policy to charge for sessions that are missed or not cancelled 48 hours in advance. I agree to the above stated conditions.

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Signature

Date

Choose the column that best reflects the degree to which item caused distress or bothered you:

<b>Adult Questionnaire</b>	<b>Not At All</b>	<b>A Little Bit</b>	<b>Moderately</b>	<b>Quite A Bit</b>	<b>Extremely</b>
1. Headaches					
2. Nervousness or shakiness inside					
3. Repeated unpleasant thoughts that won't leave your mind					
4. Faintness or dizziness					
5. Loss of sexual interest or pleasure					
6. Feeling critical of others					
7. The idea that someone else can control your thoughts					
8. Feeling others are to blame for most of your troubles					
9. Trouble remembering things					
10. Worried about sloppiness or carelessness					
11. Feeling easily annoyed or irritated					
12. Pains in heart or chest					
13. Feeling afraid in open spaces or on the streets					
14. Feeling low in energy or slowed down					
15. Thoughts of ending your life					
16. Hearing voices that other people do not hear					
17. Trembling					
18. Feeling that most people cannot be trusted					
19. Poor appetite					
20. Crying easily					
21. Feeling shy or uneasy in romantic situations					
22. Suddenly scared for no reason					
24. Temper outbursts that you could not control					
25. Feeling afraid to go out of your house					
26. Blaming yourself for things					
27. Pains in lower back					
28. Feeling blocked in getting things done					
29. Feeling lonely					
30. Feeling blue					
31. Worrying too much about things					
32. Feeling no interest in things					
33. Feeling fearful					
34. Your feelings being easily hurt					
35. Other people being aware of your private thoughts					
36. Feeling others do not understand you or are unsympathetic					
37. Feeling that people are unfriendly or dislike you					
38. Having to think very slowly					

<b>Adult Questionnaire</b>	<b>Not At All</b>	<b>A Little Bit</b>	<b>Moderately</b>	<b>Quite A Bit</b>	<b>Extremely</b>
39. Heart pounding or racing					
40. Nausea or upset stomach					
41. Feeling inferior to others					
42. Soreness of your muscles					
43. Feeling that your watched or talked about by others					
44. Trouble falling asleep					
45. Having to check and double-check what you do					
46. Difficulty making decisions					
47. Feeling afraid to travel on buses, subways or trains					
48. Trouble getting your breath					
49. Hot or cold spells					
50. Having to avoid certain things, places or activities because they frighten you					
51. Your mind going blank					
52. Numbness or tingling in parts of your body					
53. A lump in your throat					
54. Feeling hopeless about the future					
55. Trouble concentrating					
56. Feeling weak in part of your body					
57. Feeling tense or keyed up					
58. Heavy feeling in your arms or legs					
59. Thoughts of death or dying					
60. Overeating					
61. Feeling uneasy when people are watching or talking to you					
62. Having thoughts that are not your own					
63. Having urges to beat, injure or harm someone					
64. Awakening in the early morning					
65. Having to repeat the same action such as touching, counting or washing					
66. Sleep that is restless or disturbed					
67. Having urges to break or smash things					
68. Having ideas or beliefs that others do not share					
69. Feeling very self conscious with others					
70. Feeling uneasy in crowds, such as shopping or at a movie					
71. Feeling everything is an effort					
72. Spells of terror or panic					
73. Feeling uncomfortable about eating or drinking in public					
74. Getting into frequent arguments					
75. Feeling nervous when you are with people					
76. Others not giving you proper credit for your achievements					
77. Feeling lonely even when you are with people					

<b>Adult Questionnaire</b>	<b>Not At All</b>	<b>A Little Bit</b>	<b>Moderately</b>	<b>Quite A Bit</b>	<b>Extremely</b>
78. Feeling so restless you couldn't sit still					
79. Feelings of worthlessness					
80. The feeling that something bad is going to happen to you					
81. Shouting or throwing things					
82. Feeling afraid you will faint in public					
83. Feeling that people will take advantage of you if you let them					
84. Having thoughts about sex that bother you					
85. The idea that you should be punished for your sins					
86. Thoughts and images of a frightening nature					
87. The idea that something serious is wrong with your body					
88. Never feeling close to another person					
89. Feelings of guilt					
90. The idea that something is wrong with your mind					
91. Tries to pay attention but mind often drifts					
92. Has difficulty getting started on tasks					
93. Forgetful					
94. Procrastinating					
95. Easily distracted					
96. Needing to be reminded in order to complete tasks					
97. Misunderstanding instructions or directions					
98. Starting tasks but not completing them					
99. Feeling sleepy or tired during the day					
100. Acting before considering the consequences					