TEMA THERAPY CENTER
TESTING EVALUATION MULTILINGUAL ASSESMENT

Irina Volynsky, Ph.D, Clinical Director
NYS Lic. 68-017595 NJS Lic. 4732
440 West Street, Fort Lee, NJ 07024
(347) 879-0202

TODAY'S DATE _____

PATIENT INFORMATION SHEET

YOUR NAME_____ DOB_____

YOUR CHILD'S NAME (IF APPLICABLE)_____ DOB_____

CONTACT NUMBER_____

YOUR ADDRESS_____

YOUR EMAIL ADDRESS _____

EMERGENCY CONTACTS: NAME PHONE NUMBER_____

REASON(S) FOR TODAY'S VISIT_____

I agree for TEMA to keep my financial information/credit card # on file in a secure location and charge the session fee upon completion of each session.

_____YES _____NO

CREDIT CARD INFORMATION_____ _____ EXP DATE_____ ZIP for CC_____ CVV NUMBER_____

Please let TEMA know if you agree that a message is left for you regarding upcoming appointments or any other technical issues, if necessary, via text or email. Please be aware that TEMA cannot ensure the privacy of this communication.

_____YES _____NO

I agree to use the provided video-conferencing platform alone or combined with telephone calls for virtual sessions if health or safety-related needs arise. Privacy laws apply to telemedicine and there will be no recording/sharing of the session content.

_____ YES _____NO

Your signature below indicates that you have read the information in this document, as well as the Notice of Privacy Practices, and agree to abide by its terms during our professional relationship.

_____

Print Name

_____

Signature Date