



Dear Patient:

We appreciate your choice of health care providers. Please be aware of the following process that is in place to help us better serve you.

- If you are a new patient, please arrive at least 30 minutes prior to your appointment time.
- If you are a return patient, please arrive at least 15 minutes prior to your appointment time.
- Patients who arrived 10 minutes after their appointment time are subject to cancellation.
- Co-pay is due at time of arrival.
- Please allow extra time for parking.

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Thank you for your assistance in this matter. If you have questions, please contact our office at 205-934-5151 between the hours of 8:00am-4:00pm.

**UAB Psychiatry**  
**Sparks Center**

## UAB Department of Psychiatry

- Our office hours are Monday-Friday 8:00am-5:00pm, except holidays.
- If you have an emergency please contact the **Crisis Center at 205-323-7777** or go to your nearest emergency room.
- Any call to the office received after 4:00pm may not be returned until the following business day. Your call is very important to us and will be returned as quickly as possible and in the order it was received. Please leave only one message. If your call is not returned within one business day, please call again.
- Please arrive to your scheduled appointment 15-30 minutes early to allow for checking-in, paying co-pays, and completing any needed paperwork. **If you are more than 10 minutes late your appointment will be rescheduled for a later date.**
- If you have not been seen within a 6 month period, or have failed to arrive for 2 appointments, no medications will be phoned in until you are scheduled to see your provider.
- We will only discuss patient issues with the patient, unless the patient has signed a release of information. **There will be no exceptions.** Please understand that these are federally mandated laws and are not just the policy of our clinic.

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DOCTOR

APPOINTMENT DATE

TIME

# UAB Department of Psychiatry

## NO-SHOW POLICY

This form is intended to notify you as a patient of the Department of Psychiatry, at UAB that a 24 hour cancellation notice is required.

Please be aware that you will be charged a \$50.00 no-show fee when you fail to arrive for your appointment or if you cancel your appointment without providing a 24 hour notice.

Your insurance does not pay for no-show charges.

You agree to be financially responsible for this fee should you fail to keep your scheduled appointment.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Medical Record Number

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date Signed

# UAB Department of Psychiatry

## CO-PAYS & BALANCES POLICY

This policy is for patients who choose to have services performed at the UAB Department of Psychiatry.

It is the policy our department, to collect any copayments and/or balances, at the time of service.

By signing this, you acknowledge that you understand this policy and will be responsible for any copayments required by your insurance, or any balances on your account.

If you are choosing to be seen without insurance coverage, you agree to pay the full cost of the appointment at the time of your visit.

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Patient Name

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Medical Record Number

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Signature of Patient or Guardian

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Date Signed

# Parking at Eye Foundation Hospital

Parking is available in the Callahan Eye Foundation Parking Deck on levels 1-4. Please park on one of these levels and follow the instructions provided on the next page to access the clinic. Upon check-in please have your parking ticket validated in order to receive the validated parking rate. The validated rate is based upon time parked in the deck and will not be free parking.

**Without validation you will be charged \$15.00.**

## VALIDATED PARKING RATES

First Hour	\$2.00
Each Additional Hour	\$1.00
Max Daily Rate	\$6.00

**Valet parking will be an additional \$2.00 to the timed rate.**

**\$5.00 required to exit after 8:30pm.**

**\$6.00 required for lost ticket.**

Parking spaces are limited in our parking deck. We ask that you do not bring large vehicles into our deck due to height restrictions (6'8") and size of our parking spaces. We also have handicapped spaces spread over levels 2-4. There are handicapped ramps on the 1st & 2nd levels with access directly into the building.

We hope this information is helpful and that you have a safe visit to our facility.

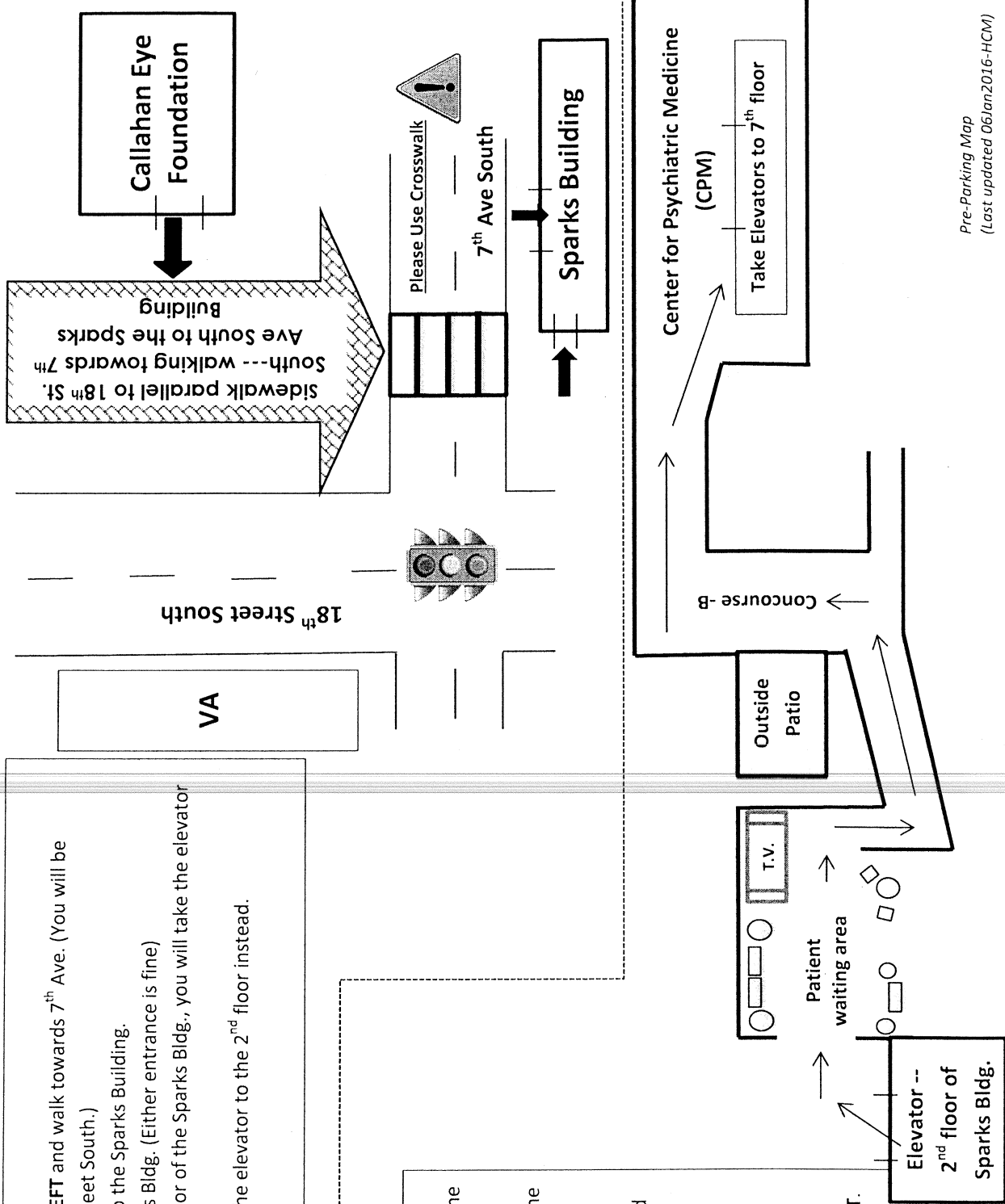
# Walking from Callahan Eye Foundation

- (1)
  - Park in Callahan Eye Foundation Parking Deck.
  - Take the elevator to the **lobby** and **turn RIGHT** to exit the Eye Foundation.

to  
**\*\*Sparks Building - 9<sup>th</sup> Floor**  
 and  
**Center for Psychiatric Medicine (CPM) - 7<sup>th</sup> Floor**

- (2)
  - Once outside the Eye Foundation, **take a LEFT** and walk towards 7<sup>th</sup> Ave. (You will be walking on the sidewalk, parallel of 18<sup>th</sup> Street South.)
  - Using the crosswalk; cross 7<sup>th</sup> Ave. South to the Sparks Building.
  - Enter the glass sliding doors into the Sparks Bldg. (Either entrance is fine)
  - **\*\*At this time if you are going to the 9<sup>th</sup> floor of the Sparks Bldg., you will take the elevator up to the 9<sup>th</sup> floor.**
  - If you are going to the CPM, you will take the elevator to the 2<sup>nd</sup> floor instead.
  - **(Continue below)**

- (3)
  - Exit the elevator and **stay RIGHT** through the lobby area.
  - At the end of the hallway, **take a LEFT**.
  - You will now be on Concourse-B towards the Center for Psychiatric Medicine (CPM).
  - Note: You will see a patio on your left.
  - Follow signs **to Center for Psychiatric Medicine (CPM)** and **turn RIGHT** at the end of the walkway.
  - You are now in the CPM Building.
  - Keep going straight and you will see elevators on your right near the glass brick area.
  - Take the elevator from the 2<sup>nd</sup> floor to the 7<sup>th</sup> floor.
  - When you get to the 7<sup>th</sup> floor, **take a RIGHT**. You will see a sign for the clinic.



# Directions to Callahan Eye Foundation Parking Deck

1720 University Blvd. Birmingham, AL 35233

## **Callahan Parking Deck – From Birmingham International Airport:**

Follow I-20/59 West/South toward downtown Birmingham. Exit at Highway 31/280 (Exit 126A). Proceed south and exit at 8<sup>th</sup> Ave South (University Blvd.). Turn right onto 8<sup>th</sup> Ave South (University Blvd.) and continue past 18<sup>th</sup> Street South. The entrance to the Callahan Eye Foundation Parking Deck will be on the right-hand side between the Eye Foundation and Lister Hill Library. Airport transportation for international patients may be arranged by calling International Patient Services at (205)934-2096.

## **Callahan Parking Deck – Southbound on I-65:**

Take I-65 South. Use the right-hand 2 lanes to take Exit 259B for Exit 4<sup>th</sup> Ave South. Continue onto 4<sup>th</sup> Ave South. Turn right onto 8<sup>th</sup> Street S. Turn right onto 8<sup>th</sup> Ave. S. / University Blvd. The entrance to the Callahan Parking Deck will be on the right, between the Eye Foundation and Lister Hill Library off of University Blvd.

## **Callahan Parking Deck – Northbound on I-65:**

Follow I-65 North toward downtown Birmingham. Take Exit 259 and Exit at 8<sup>th</sup> Avenue South (University Boulevard). Proceed onto 8<sup>th</sup> Street South. The entrance to the Psychiatric Parking Deck will be on the left between the Callahan Eye Foundation and Lister Hill Library.

## **Callahan Parking Deck – East / Northbound on I-20/59:**

Follow I-20/59 to the junction of I-65. Take I-65 South. Use the right-hand 2 lanes to take Exit 259B for Exit 4<sup>th</sup> Ave South. Continue onto 4<sup>th</sup> Ave South. Turn right onto 18<sup>th</sup> Street S. Turn right onto 8<sup>th</sup> Ave. S. / University Blvd. The entrance to the Callahan Parking Deck will be on the right, between the Eye Foundation and Lister Hill Library off of University Blvd.

## **Callahan Parking Deck – Westbound on I-20:**

Follow I-20 to the junction of I-65. Take I-65 South. Use the right-hand 2 lanes to take Exit 259B for Exit 4<sup>th</sup> Ave South. Continue onto 4<sup>th</sup> Ave South. Turn right onto 18<sup>th</sup> Street S. Turn right onto 8<sup>th</sup> Ave. S. / University Blvd. The entrance to the Callahan Parking Deck will be on the right, between the Eye Foundation and Lister Hill Library off of University Blvd.

## **Callahan Parking Deck – Southbound on I-59:**

Follow I-59 to the junction of I-65. Take I-65 South. Use the right-hand 2 lanes to take Exit 259B for Exit 4<sup>th</sup> Ave South. Continue onto 4<sup>th</sup> Ave South. Turn right onto 18<sup>th</sup> Street S. Turn right onto 8<sup>th</sup> Ave. S. / University Blvd. The entrance to the Callahan Parking Deck will be on the right, between the Eye Foundation and Lister Hill Library off of University Blvd.

## **Callahan Parking Deck – Westbound on U.S. Highway 280:**

Follow Hwy 280 until it merges with Highway 31 North and becomes the Red Mountain Expressway. Proceed north and exit at 8<sup>th</sup> Ave South (University Blvd.). Turn right onto 8<sup>th</sup> Ave South (University Blvd.) and continue past 18<sup>th</sup> Street South. The entrance to the Callahan Eye Foundation Parking Deck will be on the right-hand side between the Eye Foundation and Lister Hill Library.

## **Callahan Parking Deck – Southbound on U.S. Highway 31:**

Follow Hwy 31 through North Birmingham until it becomes the Red Mountain Expressway. Proceed south and exit at 8<sup>th</sup> Avenue South (University Blvd.). Turn right onto 8<sup>th</sup> Ave South (University Blvd.) and continue past 18<sup>th</sup> Street South. The entrance to the Callahan Eye Foundation Parking Deck will be on the right-hand side between the Eye Foundation and Lister Hill Library.

## **Callahan Parking Deck – Northbound on U.S. Highway 31:**

Follow Highway 31 through Homewood until it becomes the Red Mountain Expressway. Proceed north and exit at 8<sup>th</sup> Ave South (University Blvd.). Turn right onto 8<sup>th</sup> Ave South (University Blvd.) and continue past 18<sup>th</sup> Street South. The entrance to the Callahan Eye Foundation Parking Deck will be on the right-hand side between the Eye Foundation and Lister Hill Library.

Date of Appointment: \_\_\_\_\_

## Child/Adolescent Patient Information Form

*This form is to be completed by the parent/legal guardian of the child to be seen at Children's Behavioral Health. If you have questions about any part of this form, please call 205-939-9193.*

\_\_\_\_\_  
Name of legal guardian completing form (write on above line) Relationship to patient

\_\_\_\_\_  
Street Address City State Zip County

( ) ( ) ( ) ( )  
Home Phone Cell phone Work Phone Other phone

( )  
Name of Emergency Contact other than immediate family Phone Relationship to Patient:

*Please provide information about your reasons for seeking treatment: You may use the back of this form for additional space.*

\_\_\_\_\_  
Child/Patient Name Date of Birth Patient age Sex: ☐ Male ☐ Female

\_\_\_\_\_  
Address (if different from legal guardian) City State Zip County

\_\_\_\_\_  
Insurance

( )  
Name of person/Doctor/Therapist outside of CBH who referred you for treatment Phone

Patient's Problems as You See Them	When did Problem Begin
Example: <i>My child is aggressive and gets into fights about weekly at school. He has been suspended 4 times for fighting at school this year.</i>	<i>Two years ago</i>
1.	
2.	
3.	
4.	

**Problem List:** Check/Circle any boxes that apply to your child. Please do not write in the bolded areas.

Can't concentrate/ Pay attention	<b>Clinician use only: Do not write in this space.</b>
Restless or hyperactive	<b>Duration:</b>
Talks too much/ talks out of turn	<b>Settings: Home/ School</b>
Impulsive or Acts without thinking	<b>Teacher complaints since:</b>
Trouble staying seated	<b>Attention span estimate:</b>
Makes careless mistakes	
Fails to finish things he/she starts	
Daydreams/ Gets lost in thought	
Inattentive/ Easily distracted	
Has trouble following directions	
Forgetful/ Often loses things	

Angry/ Resentful	<b>Clinician use only: Do not write in this space.</b>
Does not mind/ Argues	<b>Duration:</b>
Annoys others purposely	<b>Settings: Home/ School</b>
Bullies/ Threatens/ Intimidates others	<b>Homicidal ideations</b>
Fights/ Aggressive	
Destroys Property	
Temper tantrums/ Loses temper easily	
Lies/ Blames others for own behavior	
Cruel to Animals	
Has set Fires	
Violates curfew/ Has run away	
Suspected smoking/ alcohol/ drug use	
Inappropriate sexual behavior/Suspected sexual activity	
Has trouble making/ keeping friends	
School suspensions/ Alternative School	

Frequent Sadness or Irritability	<b>Clinician use only: Do not write in this space.</b>
Tearful/ Cries Easily	<b>Duration:</b>
Low energy level	<b>Mood:</b>
Suicidal thoughts, threats, or actions	<b>Suicidal Ideations</b>
Low self-esteem or guilt	<b>Passive suicidal ideations</b>
Cuts, burns, or intentionally causes harm to self	<b>Self-injurious behaviors</b>
Loss of interest in favorite activities	
Unusual Worries or fears	
Feelings hurt easily	
Change in appetite	
Change in sleep patterns	
Frequent Body aches, headaches, or stomachaches	
Severe changes in mood when compared to peers	
Can go with little to no sleep for days	
Talks too much too fast, changes topics quickly	
Thoughts racing	
Increased goal-directed activities	
Unrealistic highs in self-esteem	
Worries about safety of self or others	

Panic Attacks	Avoidance of trigger/ Palpitations/ trembling or shaking/ sweating/ sensation of smothering/ chest pain/shortness of breath/ nausea/ feeling lightheaded or dizzy/ fainting/ paresthesias/ hot or cold flashes/ feelings of impending doom.
Panics or tantrums when separated from parent	
Obsessive thoughts	
Unusual behaviors that must be performed, such as dressing, bathing, mealtime, or counting rituals	
Nervous tics or other repetitive, abrupt nervous movements or vocal noises	

Sees or hears things that are not real	<b>Clinician use only: Do not write in this space.</b>
Confused thinking or beliefs	<b>Auditory hallucinations</b>
Feels people are "out to get" him or her	<b>Visual Hallucinations</b>
Unable to care for hygiene, nutrition, or basic needs	<b>Tactile hallucinations</b>
Odd or bizarre thoughts or behavior	<b>Olfactory hallucinations</b>

Behaves like a younger child	<b>Clinician use only: Do not write in this space.</b>
Has trouble communicating	
Avoids or seems obsessed with certain things	
Makes repetitive sounds or body movements	
Fascinated with odd objects or parts of toys	
Uses people as objects	
Lack of imaginary or pretend play	
Does not seek to share interests	
Does not make friends/ in his or her "own world"	
Does not keep eye contact	
Has rituals or routines that must be followed	
Problems with wetting or soiling self	

Please describe any stressful event or circumstance that may have triggered these problems:

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Has your child ever witnessed or been exposed to domestic violence? No Yes If yes, please explain:

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## Custody Information

Are there any current custody issues?      No      Yes      If yes, please explain:

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Is there a history of physical abuse, sexual abuse, or neglect involving this child or a family member?      No      Yes

Name	Child or Adult	Victim or Perpetrator	Relationship to this child	Reported to DHR?

Has the Department of Human Resources (DHR) ever been involved with this child?	No	Yes
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If yes, please list any situation requiring DHR, Family Court, or Juvenile Probation involvement:

Social worker/ Case worker: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dates of involvement: \_\_\_\_\_ Reason for involvement: \_\_\_\_\_

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Clinician use only: Do not write in this space: \_\_\_\_\_

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## Family Data

Please list **ALL** individuals living in the child's household:

[illegible]

Please list all **OTHER** family/caregivers **NOT** currently residing with the patient (this would be biological parents, step parents, siblings, etc.)

Name	Age	Relationship	Known to child as	Occupation
<i>Example: Ashley Smith</i>	<i>30</i>	<i>Biological Mother</i>	<i>Mama Ashley</i>	<i>Sales</i>

**Married Status of Biological Parents:**

Married/Remarried      Divorced      Living Together  
Single/ Never Married      Legally Separated      Widow

If parents are separated or divorced, how old was the patient at time of separation? \_\_\_\_\_

**Housing/Living Situation:**

Adequate for needs      Inadequate (i.e. Living in a shelter, living with relatives/friends)  
Moved more than 2 times in the past 12 months      Moved more than 3 times in the past 12 months

Are there transportation problems that may make it difficult to keep appointments? \_\_\_\_\_

Please describe any information regarding family that may contribute to stress for the child including visitations, step parents, foster care, adoption, or other custody issues:

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**Clinician Use ONLY: DO NOT WRITE IN THIS SPACE:**

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**DEVELOPEMENTAL HISTORY**

Biological mother's age at child's birth \_\_\_\_\_. If child was adopted, child's age at adoption \_\_\_\_\_.

If not biological child of parent, is the child aware of this?    **Yes**      **No**

Planned Pregnancy:    **Yes**      **No**

Check the corresponding box if the biological mother used the following during pregnancy:

- ☐ Alcohol
- ☐ Over-the-counter medications
- ☐ Prescription Medications
- ☐ Recreational/ Street Drugs (Examples: Cocaine, Marijuana, Amphetamines, Heroin, etc.)
- ☐ Cigarettes
- ☐ Antibiotics
- ☐ Other \_\_\_\_\_

Please list any problems experienced by the mother during pregnancy: (Examples: high blood pressure, Diabetes, bed rest ordered etc. \_\_\_\_\_)

Were there any complications at birth? No Yes If yes, please specify: \_\_\_\_\_

Was the baby premature? No Yes If yes, how early was the baby? \_\_\_\_\_

What was your child's birth weight? \_\_\_\_\_

What was your child's personality from age 0 to 1 year:

1) Easy going 2) Slow to warm up to others 3) Demanding and difficult to please  
Other \_\_\_\_\_

At what age did your child first do the following:

Sit up \_\_\_\_\_ Say single words \_\_\_\_\_  
Crawl \_\_\_\_\_ Say 2 or more words together \_\_\_\_\_  
Walk \_\_\_\_\_ Become toilet trained \_\_\_\_\_

Clinician use only. Do not write in this space.

## Medical History

Who is your child's pediatrician? \_\_\_\_\_ Phone ( ) \_\_\_\_\_

When was your child's last hearing screening? \_\_\_\_\_ Normal? No Yes

When was your child's last vision screening? \_\_\_\_\_ Normal? No Yes

Are your child's immunizations up to date? No Yes

Has your child ever had any of the following?

- ☐ Broken Bones \_\_\_\_\_
- Speech problems \_\_\_\_\_
- Lead Poisoning \_\_\_\_\_
- ☐ Seizures or convulsions \_\_\_\_\_
- ☐ Head Injury \_\_\_\_\_
- Hospitalization \_\_\_\_\_
- ☐ Surgery \_\_\_\_\_
- EKG or EEG \_\_\_\_\_
- ☐ Heart Problems \_\_\_\_\_

Please list any **current** health problems (Ex: Asthma, Allergies, Diabetes, heart condition, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any **current** medications and the Dr. who prescribes them:


Please list any **past** health problems:


Does your child have any allergies to foods, medications, or latex?      No      Yes

If yes, please list with reaction: \_\_\_\_\_


Please note if your child has ever taken any of the following medications:

Medication / Dose	Beneficial Effects	Side Effects	Duration	Reason Stopped
<i>Example:</i> Abilify 20 mg at bedtime	<i>Helps him to not hear voices</i>	<i>Headaches</i>	<i>7/03 - Present</i>	<i>Didn't work</i>
Abilify (aripiprazole)				
Adderall / Adderall XR (amphetamine salts)				
Anafranil (clomipramine)				
Atarax (hydroxyzine)				
Ativan (lorazepam)				
Aventil (nortriptyline)				
BuSpar (buspirone)				
Benadryl (diphenhydramine)				
Catapres (clonidine) tablets / patches				
Celexa (citalopram)				
Cogentin (benztropine)				
Concerta (methylphenidate)				
Cymbalta				
DDAVP (desmopresin)				
Daytrana Patch (Methylphenidate)				
Depakene (valproic acid)				
Depakote (divalproex sodium)				
Desyrel (trazodone)				
Dexedrine, Dextrostat (dextroamphetamine)				

Medication / Dose	Beneficial Effects	Side Effects	Duration	Reason Stopped
Effexor / Effexor XR (venlafaxine)				
Elavil (amitriptyline)				
EMSAM				
Eskalith (lithium carbonate)				
Focalin (dexamethylphenidate)				
Geodon (ziprasidone)				
Haldol (haloperidol)				
Inderal (propranolol)				
Klonopin (clonazepam)				
Lamictal (phenyltriazine)				
Lexapro (escitalopram oxalate)				
Lithobid, Lithonate, Lithotabs (lithium)				
Larvox (fluvoxamine)				
Mellaril (piperidine phenothiazine)				
Metadate ER / Metadate CD (methylphenidate)				
Methylin				
Norpramin (desipramine)				
Pamelor (nortriptyline)				
Paxil (paroxetine)				
Prozac (fluoxetine)				
Remeron (mirtazapine)				
Risperdal (risperidone)				
Ritalin / Ritalin LA (methylphenidate)				
Seroquel (quetiapine)				
Serzone (nefazodone)				
Sinequan (doxepin)				
Stelazine(trifluoperazine)				
Strattera (atomoxetine)				
Tegretol (carbamazepine)				

Medication / Dose	Beneficial Effects	Side Effects	Duration	Reason Stopped
Tenex (guanfacine)				
Thorazine (chlorpromazine)				
Tofranil (imipramine)				
Topamax				
Trileptal (dibenzazepine)				
Valium (diazepam)				
Vivactil (protriptyline)				
Vistaril, Atarax (hydroxyzine)				
VYVANSE				
Wellbutrin SR / Wellbutrin XL (bupropion)				
Xanax (alprazolam)				
Zoloft (sertraline)				
Zyprexa (olanzapine)				
Other:				

### Past Psychiatric History

If your child has had prior counseling, psychiatric care, psychiatric hospitalizations, or testing please list:

Hospital or doctor's name	Phone #	Dates Seen	Recommendations

Clinician use only. Do not write in this space.

### Biological Family Medical / Psychiatric History

Please write which family member had these problems if appropriate:

Past or Present diagnosis or symptoms	Biological Siblings	Biological Mother	Biological Father	Biological mother's family	Biological father's family	Others living In the home
1. ADHD						
2. Oppositional/Defiant						
3. Obsessive/Compulsive Disorder						
4. Antisocial behavior						
5. Learning disability / Special Education						
6. Mental Retardation						
7. Autism / Asperger's Disorder / PDD						
8. Psychosis / Schizophrenia						
9. Bipolar Disorder / Manic Depression						
10. Depression						
11. Suicide or suicide attempts						
12. Anxiety / Phobias						
13. Eating Disorders						
14. Tics / Tourette's syndrome						
15. Aggression or behavior problems						
16. Murdered or attempted to kill others						
17. Been arrested or spent time in jail						
18. Alcohol abuse						
19. Drug abuse						
20. Other psychiatric Problem						
21. Heart problems						
22. Seizures/Epilepsy						
23. Other medical problems						
24. Outpatient therapy						
25. Hospitalizations						

Clinician use only. Do not write in this space.

### Educational History

Name of current school: \_\_\_\_\_ Grade: \_\_\_\_\_

Teachers: \_\_\_\_\_

Current Placement:      Regular      Alternative School      Special Education:  
                                  for behavior only      for learning difficulties      Both      Other: \_\_\_\_\_

How many schools has your child attended this school year?      One(current)      2-3      3 or more

Any prolonged absences from school?      No      Yes      When \_\_\_\_\_ How long \_\_\_\_\_

Has your child repeated any grades?      No      Yes      Which one(s) \_\_\_\_\_

Has your child been suspended **this school year**?      No      Yes      How many times? \_\_\_\_\_

Please list reason for suspension: \_\_\_\_\_

Has your child been tested for special education placement by the school?      No      Yes  
 When? \_\_\_\_\_ **Please bring copies of testing and IEP's if available.**

Specific educational difficulties:      Spelling      Math      Reading      All subjects

**Current Academic Performance:**      Very Good (all A's & B's)  
    Fair (C's & D's)  
    Poor (mostly F's)

**Past Academic Performance:**      Very Good (all A's & B's)  
    Fair (C's & D's)  
    Poor (mostly F's)

Peer relationships:      Aggressive/Fights a lot      Very Friendly  
    Has no friends      Teased/Bullied by others

Work History if applicable (attendance, relationship with boss): \_\_\_\_\_

Clinician use only. Do not write in this area.