



**Merlyn Hurd PhD.; BCIAC/EEG Fellow  
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Name \_\_\_\_\_ DOB \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

SS# \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_

**Most Prominent Problems** \_\_\_\_\_ **How Long** \_\_\_\_\_

\_\_\_\_\_

**How were you before these problems occurred (if relevant)?**

**Previous symptoms throughout your entire life:**

\_\_\_\_\_

**Current medications, reasons for taking them, and their effects on you:**

**Allergies:** \_\_\_\_\_

**How much time and money have you spent on your primary problem?**

**How will you know you are done?**

**Neurotherapy and Psychotherapy is a complex and typically lengthy process that varies between individuals and for the same individual at different times. Commitment to the process with regular and frequent contact is extremely important. I have set aside a regular appointment time for you. It is important that you set this time aside as well. In this context, all cancellations will be billed at the regular fee. An alternative “make-up” time within a reasonable time will be negotiated at your request, if at all possible. All financial commitments are your responsibility whether insurance covers any part of the fees. With your signature you acknowledge permission to begin treatment and to accept the terms of these statements.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

