

# Melissa K. Jones, PhD

Licensed Psychologist

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## BASIC INFORMATION FORM

Name:

Address:

Phone:

Email:

May I contact you by    Phone            /            Email            (please circle)

Insurance/Payment Information (please bring a check to your first session):

Self-pay

Church-pay

Insurance

Have you previously been in therapy? If so who was your therapist, when were you treated, and how long were you in treatment?

Are you currently taking any medications?

Please briefly describe why you are seeking therapy.