

Christina H. Rasmussen, Ph.D.
Clinical Psychology - Health Psychology
License # PY 2478

Patient Registration:

Date: _____

Patient's Full Name _____ SSN _____

Home Address: _____ City _____ State _____ Zip: _____

Home Phone: (_____) _____ Age: _____ Date of Birth: _____

Education: _____ Marital Status: S M D W

Patient Employer: _____ Phone Number (_____) _____

Occupation: _____ How Long? _____

Family Physician: _____ Referred By: _____

Insured/Responsible Party Information:

Full Name of Insured: _____ Relationship: _____

Home Address: _____ Phone: (_____) _____

Employer and Address: _____ Phone: (_____) _____

Insured's SSN: _____ Driver's License # _____ State: _____

Full Name of Spouse: _____ SSN: _____

Primary Insurance Co: _____ ID# _____ Group# _____

Secondary Insurance Co: _____ ID# _____ Group# _____

Job Related Injury? Yes _____ No _____ Company: _____

Medications/Dosages: _____

Office Billing and Insurance Policy:

1. I authorize use of this form on all of my insurance submissions
2. I authorize the release of information to my insurance company(s)
3. I understand that I am responsible for the full amount of my bill for services provided **
4. I authorize direct payment from my service provider
5. I hereby permit a copy of this to be used in place of an original

Name: _____

Signature: _____

Date: _____

- It is your responsibility to pay any deductible amount, co-pay, co-insurance amount or any other balance not paid by your insurance company the day and time the service is provided.
- There will be a \$15 service charge on all returned checks
- There is a 48 hour cancellation policy which requires that you cancel your appointment 48 hours in advance to avoid being charged the full amount for the missed service
- **Patients referred by the state of Washington for Disability Determination are under NO obligation to provide payment for services

Signature: _____

Date: _____

Christina H. Rasmussen, Ph.D.

Disclaimer Statement

To all SSA/SSI disability applicants:

Today you will be seeing Dr. Rasmussen, for evaluation of your condition. The doctor will be collecting background information and personal history and may administer special tests. The doctor will perform the evaluation and write a report to Disability Determination Services. You will not be billed for any of these services.

You will not be receiving treatment or medications. This is a one-time appointment for evaluation purposes only. Dr. Rasmussen **does not** make the disability determination. That determination is made by the Division of Disability Determination Services.

If you would like a copy of your report forwarded to another doctor, please request it through the Division of Disability Determination Services. Dr. Rasmussen will only release information about you to the Division of Disability Determination Services in most circumstances. There are some situations in which your doctor is legally required to take action to protect others or you from harm, even if such action requires revealing some information about you acquired during this evaluation.

- If your doctor believes that a child, an elderly person, or a disabled person is being abused, your doctor is required to file a report with the appropriate state agency.
- If your doctor believes that you are threatening serious bodily harm to another person or property, your doctor is required by law to take protective action, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization for the patient.
- If you threaten to harm yourself (e.g. suicide), your doctor is required by law to make all necessary arrangements to protect your safety, a process that may include seeking hospitalization for you, or it may mean contacting family members or others who can help provide protection.

It is your right to refuse to participate in this evaluation. It is unlikely, however, that the Division of Disability Determination Services will be able to process your claim without your participation. If you do not wish to participate in this evaluation, please inform Dr. Rasmussen who will then contact your adjudicator.

I have read and understand the disclosure. I am in agreement with the terms of this evaluation and wish to be evaluated by Dr. Rasmussen.

Patient Name (Printed) _____

Date _____

Patient Signature (or legal guardian if patient is a minor) _____

Professional Profile

Christina H. Rasmussen, Ph.D., is a licensed clinical psychologist in private practice, specializing in health psychology as well as maintaining a general clinical practice. Dr. Rasmussen has experience working with adults, children, and adolescents. She is also experienced in providing intellectual and personality assessments as well as child custody and forensic evaluations.

The primary focus of psychotherapy is to help the patient learn about her or himself, in an effort to understand and accept oneself and learn to identify and change thoughts and behaviours contributing to symptoms. Dr. Rasmussen generally uses a self-psychology or analytical approach geared toward identifying the origin of the presenting symptoms. For illness related issues and where appropriate, Dr. Rasmussen also uses imagery and dream interpretation in identifying and working through the psychological issues related to specific symptoms.

Dr. Rasmussen has facilitated numerous workshops and presentations on stress management, mind-body issues, anxiety and depression management and other areas of interest since 1991.

Dr. Rasmussen completed her doctoral degree in Clinical Psychology with an emphasis in Health Psychology from the California School of Professional Psychology, a program approved by the American Psychological Association (APA). She completed internship training at Washington State University, Pullman.

Dr. Rasmussen is a member of the APA, Washington State Psychological Association, California Psychological Association, and San Joaquin Psychological Association. She is a preferred provider for various health maintenance and managed care organizations in the Puget Sound area. Dr. Rasmussen has published several research articles in the area of Death Anxiety. Her teaching experience includes being an adjunct faculty member at the Washington School of Professional Psychology in Seattle, the California School of Professional Psychology and National University both in Fresno, California and currently the University of Washington where she teaches psychology courses.

Dr. Rasmussen adheres to the professional ethical standards established by the American Psychological Association. If you have any questions about the ethics and laws pertaining to the practice of psychology you can contact Dr. Rasmussen directly, or contact the Washington State Psychological Association at (800) 275-9772.