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Clinical Psychology

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Wait List Form

Sometimes the number of my practice hours reaches a point where I'm not able to accept new patients because all of my available appointment times are full. In these instances if your needs are not urgent and you're able to wait, I am willing to keep some basic information on file and get back to you when I have an appointment opening that would work for you.

To assist me with this process, please provide the information requested below. This will help me to know something about the nature of your treatment needs prior to my following up with you.

Also, if your situation changes and you do choose to seek help from a different provider, I'd appreciate it if you would send me a brief e-mail and let me know. At that point I will also destroy the information you've provided to me.

Name : _____ Date: _____ Age: _____

Phone: _____ E-mail: _____

Employment / Profession: _____

Who referred you or how did you hear about me? _____

Will you be using insurance? ____ Yes ____ No. Name of insurance: _____

Day's/times when you would typically be available to meet:

- | | | | |
|------------|-----------------------------|----------------------------|----------------------------|
| ____ Mon | ____ Between 10:00 and noon | ____ Between 2:00 and 4:00 | ____ Between 4:00 and 6:00 |
| ____ Tues | ____ Between 10:00 and noon | ____ Between 2:00 and 4:00 | ____ Between 4:00 and 6:00 |
| ____ Weds | ____ Between 10:00 and noon | ____ Between 2:00 and 4:00 | ____ Between 4:00 and 6:00 |
| ____ Thurs | ____ Between 10:00 and noon | ____ Between 2:00 and 4:00 | ____ Between 4:00 and 6:00 |
| ____ Fri | ____ Between 10:00 and noon | | |

Briefly explain what brings you into therapy at this time: _____

On a scale of 1 to 10, with 0 equaling none and 10 equaling the worst you've ever felt, please rate the degree of psychological difficulty you are experiencing at present: _____

What do you estimate to be the longest you are able/willing to wait to be seen?

