

Deborah Drumm, APN, BC
Advanced Behavioral Counseling of Northern New Jersey, LLC
www.deborahdrummapn.com
55 Newton-Sparta Rd. Suite 104, Newton, NJ 07860 (973) 579-9394
NJ License 26NN04737300

Patient's Name: _____

Date: _____

I. Informed Consent For Treatment

I, _____, certify that I am at least 18 years of age, and I consent to the rendering of such evaluation and treatment by: Deborah Drumm, APN, BC located at: 55 Newton-Sparta Road, Suite 104, Newton, NJ 07860. I am aware that clinical practice is not an exact science, and I acknowledge that no representations, guarantees or warranties have been made to me as to the result of any evaluation or treatment procedure that I may receive. I understand that Ms. Drumm is a psychiatric nurse practitioner. In order to provide comprehensive care they may discuss confidential information about me. I also understand that I am responsible for fees that are not covered by my insurance.

Signature: _____

II. Medication Consent Form

Deborah Drumm has educated me regarding the medication that has been prescribed by her to (Please check one of the following): _____ me, _____ a person for whom I am the legal guardian and I consent to the administration of this medication. I have been educated regarding the possible side effects of this medication, possible drug and/or food interactions that may occur while taking this medication and the possible effects of this medication. If the person taking this medication becomes pregnant or is breast-feeding, I agree to discuss this prior/during treatment. I understand that Ms. Drumm is a psychiatric nurse practitioner and in order to practice, she must discuss confidential information with her collaborating psychiatrist, Dr. Sandra Squires, MD, located in Newton, NJ. I agree to electronic transfer of my medication records to her. I have also been informed of the reason or purpose of which this medication was prescribed.

Patient's Name (or Legal Guardian): _____

Signature: _____

Provider's Signature: _____

III. Notice to All Advanced Behavioral Counseling Clients

There will be a cancellation fee of \$50.00 for any appointment not kept without notifying the office staff of Advanced Behavioral Counseling within a 24-hour period before the appointment. If the office is not open, you may leave a message on the answering machine.

I have read and understand the above notice.

Signature: _____