

Date: _____ Scheduler: _____

APPT SCHEDULED: _____ TIME: _____ PROVIDER: _____

PATIENT	Adult <input type="checkbox"/> Child <input type="checkbox"/> Psychiatry/Medication <input type="checkbox"/> Therapy <input type="checkbox"/> Both <input type="checkbox"/>
	Last Name: _____ First Name: _____
	DOB: _____ Age: _____ Gender: _____
	Mailing Address: _____
	City/State/Zip: _____
	Phone # _____ Cell <input type="checkbox"/> Home <input type="checkbox"/> Email: _____
	Referring Physician: _____ Phone # _____
Previous Psychiatrist: _____	

Reason for Visit/Symptoms: _____

Are there legal obligations requiring this visit: Y N Please describe: _____

Current Medications: _____

Guarantor	<input type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
	Last Name: _____ First Name: _____
	Mailing Address: _____
	City/State/Zip: _____

Primary Insurance	Insurance: _____ Phone # _____
	Policy #: _____ Group # _____

OFFICE USE ONLY			
Insurance Verified	Deductible Remaining	Copay Amount	Coinsurance %
<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____

Secondary Insurance	Insurance: _____ Phone # _____
	Policy #: _____ Group # _____

Please review the following and initial that each policy has been acknowledged.	PT NOTIFIED
Our providers limit the use of controlled substances (for example we do not prescribe ADHD medications for adults). Patients will not receive a prescription for any controlled substance on their first visit.	
For new patients that are on controlled substances, and for patients that remain on controlled substances, there is an additional charge for urinary drug screens. (\$50 that is not covered by your insurance plan and will be required at the time of the visit)	
Letters and/or disability paperwork are additional charges that are not covered by your insurance. Patients must have been seen by the doctor for 6 visits before paperwork will be completed. Payment is required at the time the paperwork is picked up.	
There is a \$50 no show fee and a \$35 same day cancellation fee for appointments	
You will have new patient paperwork that needs to be filled out on the first visit. You may download those forms from our web site www.salveohealth.org under 'MAKE AN APPOINTMENT'. Please arrive 15 minutes early to complete that paperwork. Bring your insurance card, photo ID, and a complete list of all of your current and prior medications, if possible.	