

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 # _____ Eff Date: _____

OFFICE USE ONLY

Insurance Verified <input type="checkbox"/> YES <input type="checkbox"/> NO	Deductible Remaining _____	Copay Amount _____	Coinsurance % _____
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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.	
Any patient on a controlled substance is subject to an additional charge of \$50 for a urine drug screen. This is not covered by your insurance plan, and it will be required before a prescription is written.	
Letters and/or disability paperwork are associated with additional charges that are not covered by your insurance. Patients must be seen by the provider 6 times before paperwork will be completed. Payment is required at the time the request for paperwork is made.	
There is a \$75 no show fee and a \$35 same day cancellation fee for all appointments.	
You will have new patient paperwork to fill out on the first visit. You may download those forms from our web site www.salveohealth.org under 'MAKE AN APPOINTMENT', or I can email those to you. Please arrive 30 minutes early to complete that paperwork if you have not completed it ahead of time. Bring your insurance card, photo ID, and a complete list of all of your current and prior medications, if possible.	

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