If you are applying to become a new patient, please answer and return these questions:

1. What treatment are you looking for at this time?

2. What are the overall problems you are experiencing seeking care for? (Depression, anxiety)

3. Are you currently or ever have been on any psychiatric medications? (Names and strengths and dates if known)

4. Past history with mental health, any hospitalization or in-patient treatment? (Any suicidal ideations)

5. Any History of drug use or addiction? (Specify)

6. Any Psychiatrist or therapist you are seeing now or in the past?

7. What type of Insurance coverage do you use, or will it be self-pay? (Please attach a photo of both sides of the card.)

8. Subscriber Insurance information (if not the patient): Name, Date of Birth, Address, sex, & relationship to the patient.

9. Who referred you or how did you hear about us?

10. Information on the patient: Telephone number, Date of Birth, and current address.

11. Name, address, and phone number of the person responsible for paying the bill. (Credit card will be asked to keep on file before any appointments can be made.

12. Any other important information you would like to explain?

13. Copy of driver’s license or state ID card.