

New Patient Request Form

Thank you for your interest in Psychology Associates of Brevard!
Although we would like to help everyone, our providers have limited schedules,
and can only accept new patients on case-by-case basis.

Please complete both pages of this form and email to secure@psychologyassociatesofbrevard.com

The office will be in touch either by phone or email in approximately 3-5 business days.

Today's Date:	
Patient name:	
Date of Birth:	
Name of Person Completing Form (if other than patient):	
Phone Number:	
Email address:	
Insurance:	

Use an "X" or check mark to indicate your choice for the questions below:

- Do you give us permission to contact you via email regarding the availability of scheduling you an appointment?
___ Yes ___ No
- Do you plan on filing for Disability? ___ Yes ___ No
Neither this office, nor it's providers, participate in Disability Evaluations
- Reason for Appointment (Check all that apply):
___ Medication Management (Psychiatry) ___ Therapy (Psychology)
___ Neuropsychological Testing ___ Pre-Surgical Evaluation
- Do you currently see a psychiatrist or psychologist (check all that apply)?
___ Psychiatrist ___ Therapist/Psychologist ___ None

Were you referred to this office? If so, by whom and to which provider? _____

Please provide a brief explanation of the reason you would like an appointment:

Please List Psychotropic Medications:

<u>Medication</u>	<u>Dose</u>	<u>Frequency</u>	<u>Prescriber</u>

Have you ever been hospitalized for mental health reasons? If so, please provide a brief explanation and approximate dates.

Have you ever been Baker Acted (involuntarily institutionalized)? If so, please provide a brief explanation and approximate dates.

Have you ever had any suicide attempts? If so, please provide a brief explanation and approximate dates.

Do you currently or have you ever had any drug or alcohol abuse? If so, please provide a brief explanation and length of sobriety.

Any additional information you would like to provide:

If you are requesting medication management services, please complete the following, if you are not requesting medication management services, please disregard.

Past Psychiatric Medications:

If you have ever taken any of the following medications, please check the box, indicate the dates, dosage, and whether they were helpful or had side effects (just write what you do remember).

Antidepressants/Anxiolytics

- | | |
|--|--|
| ☐ Prozac (fluoxetine) | ☐ Serzone (nefazodone) |
| ☐ Zoloft (sertraline) | ☐ Anafranil (clomipramine) |
| ☐ Luvox (fluvoxamine) | ☐ Pamelor (nortriptyline) |
| ☐ Paxil (paroxetine) | ☐ Tofranil (imipramine) |
| ☐ Celexa (citalopram) | ☐ Elavil (amitriptyline) |
| ☐ Lexapro (escitalopram) | ☐ Buspar (buspirone) |
| ☐ Effexor (venlafaxine) | ☐ Viibryd |
| ☐ Pristiq (desvenlafaxine) | ☐ Trintellix |
| ☐ Cymbalta (duloxetine) | ☐ Other |
| ☐ Wellbutrin (bupropion) | |

Mood Stabilizers

- | | |
|--|---|
| ☐ Tegretol (carbamazepine) | ☐ Trileptal (Oxcarbazepine) |
| ☐ Lithium | ☐ Topamax (topiramate) |
| ☐ Depakote (valproate) | ☐ Neurontin (gabapentin) |
| ☐ Lamictal (lamotrigine) | ☐ Other |

Antipsychotics/Mood Stabilizers

- | | |
|--|---|
| ☐ Seroquel (quetiapine) | ☐ Prolixin (fluphenazine) |
| ☐ Zyprexa (olanzepine) | ☐ Risperdal (risperidone) |
| ☐ Geodon (ziprasidone) | ☐ Vraylar |
| ☐ Abilify (aripiprazole) | ☐ Rexulti |
| ☐ Clozaril (clozapine) | ☐ Latuda |
| ☐ Haldol (haloperidol) | ☐ Other |

Sedative/Hypnotics

- | | |
|---|---|
| ☐ Ambien (zolpidem) | ☐ Desyrel (trazodone) |
| ☐ Sonata (zaleplon) | ☐ Remeron (mirtazapine) |
| ☐ Lunesta | ☐ Other |
| ☐ Rotoril | |

ADHD medications

- | | |
|--|---|
| ☐ Adderall (amphetamine-dextroamphetamine) | ☐ Vyvanse (lisdexamphetamine) |
| ☐ Concerta/Ritalin (methylphenidate) | ☐ Strattera (atomoxetine) |
| | ☐ Other |

As needed medications

- ☐ Xanax (alprazolam)
- ☐ Ativan (lorazepam)
- ☐ Klonopin (clonazepam)
- ☐ Valium (diazepam)
- ☐ Other