

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 Act (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:
