Richard Seeber, M.D.

*Adult, Perinatal, and Reproductive Psychiatry & Psychotherapy*

Before your first appointment:

\_\_\_ **Required for all patients:** Be sure to complete the following required clinical and demographic information on Dr. Seeber’s website: (<http://drseeber.com/services-and-forms>)

* Practice policies packet
* Patient information form
* Credit card authorization form

\_\_\_ **For perinatal and reproductive psychiatry patients:** In addition to the

above forms, please complete the following forms

(<http://drseeber.com/services-and-forms>):

* Required**:** Perinatal/reproductive psychiatry supplemental form
* Recommended: Complete release of information form found in the practice policies packet (for consultation visits to allow Dr. Seeber to discuss your care and recommendations with your psychiatrist, obstetrician, primary care physician, or psychiatric NP)

**Note:** If the required forms are completed and received three or more business days before your appointment, they will be reviewed by Dr. Seeber prior to your first visit. Information on forms completed less than three business days prior to your appointment will be reviewed with you during your appointment. If you are unable to complete these forms prior to your appointment, you will be offered them during your initial 80-minute appointment or 90-minute consultation time, which will encroach on face-to-face clinical time.

Consider what your goals of treatment are. We will discuss them at your first visit.

Contact:

Phone: 415-PSYCHMD (415-779-2463) | Fax: 316-844-2389 |Email: [drseeber@drseeber.com](mailto:drseeber@drseeber.com) | drseeber.com