



Date received: _____
 Initials: _____
 Provider: _____
 Appointment: _____

Welcome! If you would like to request an appointment with a New Beginnings provider, please fill out the following form. To provide you with the best service, please fill out the form as completely as possible. Email to JRogers@newbeginningshealthcare.com.

Request an Appointment

Today's Date: _____ What services are you looking for?
 Are you filling this form out for yourself? If not, what is your name/relation? _____
 Do you have a preferred provider? Preferred provider gender?
 How were you referred to us? Other: _____

Client Information

First Name: _____ Middle Initial: _____ Last Name: _____
 Date of Birth: _____ Age: _____ Gender Identity: _____
 Street Address: _____ Apt/Lot: _____
 City: _____ State: _____ Zip: _____
 Primary Phone: _____ Please specify:
 Secondary Phone: _____ Please specify:
 Email Address: _____

If services are for a minor:

School: _____ Grade level: _____ Do both parents consent for service?

Insurance Information

Primary Insurance: _____ Secondary Insurance: _____
 Effective Date: _____ Effective Date: _____
 Subscriber Name: _____ Subscriber Name: _____
 Subscriber DOB: _____ Subscriber DOB: _____

For Office Use Only

Member ID: _____ Member ID: _____
 Group #: _____ Group #: _____
 Deductible: _____ Deductible: _____
 Co-Pay: _____ Co-Pay: _____
 Out of Pocket: _____ Out of Pocket: _____
 Billing Address: _____ Billing Address: _____

 Phone: _____ Phone: _____

AS _____ DS _____ DM _____ ER _____ KH _____ MAA _____ MM _____ SA _____ SD _____

Please provide a brief description of why you wish to be seen:

*Are you currently on any psychiatric medication?

If yes, please list medication and dosage, as well as the prescriber below:

*Have you had previous mental health treatment?

If yes, please list dates and places of treatment below:

*Have you had any psychiatric hospitalizations?

If yes, please list dates and facilities below:

*Do you currently or have you in the past misused alcohol or drugs?

If yes, please describe usage and/or treatment:

If yes to the above questions, records may need to be obtained from your previous provider.

Do you have any current or past legal issues?

If yes please dates and charges/offenses below:

Your request is complete. Our intake specialist will get back to you shortly. Please feel free to contact us by phone at (785) 233-7138 if you have any questions or to check on the status of your request.

Have a great day!