

Assured Hope Community Health, LLC
6 Boston Road Suite 201, Chelmsford Ma. 01824.
Tel: 978-677-6354. Fax: 978-677-6456
Email: ahch@assuredhopehealth.com

New Patient Appointment Request Form

Complete all information on this form and email to ahch@assuredhopehealth.com.

Services Needed Medication Management Psychotherapy/counselling/Duo Diagnosis

First Name _____ Last Name _____

DOB _____

Address _____

City _____ City _____ Zip _____

Phone Number _____ Email: _____

Name of Insurance _____ ID# _____

CHECK BACK OF INS CARD

If your card states mental health services, go thru another company please list that here:

_____. Alt ID # _____ Copay _____

Primary Care Physician _____

Referred By _____

Why are you seeking help? _____

Past inpatient hospitalizations in the last 6 months-1 yr (Diagnosis & treatments). _____

Past outpatient services and Providers 6 months-1yr (Diagnosis, Treatment) _____

Current Psychotropic Medications _____

Substance Use/Abuse issue _____

Current Controlled Substance use _____
