



***Erin Jacobson, ARNP***

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SCHEDULING A NEW PATIENT APPOINTMENT

The practice of Erin Jacobson, ARNP is referral based. I require patients to be actively engaged in therapy with a local therapist while working with me. If you and/or your therapist are interested in engaging my services please call my office at # (360)707-7608. If I am not available at the time you call please leave me a voice mail which includes your name, a brief description of the issue or concerns, and follow up contact information (your name, phone number). Please indicate if acceptable to leave a confidential message.

Preparation for the Initial Appointment:

1. You will need to complete forms prior to arriving to the first appointment. The forms can be printed from the practice website: [www.KidsPsychiatry.com](http://www.KidsPsychiatry.com). (Forms include: Practice Policies, Registration and Demographics, Child and Adolescent Intake Form, HIPPA Practices Signature Page, Credit Card on File/Financial Policy)

2. Please return the COMPLETED forms to me (either by mail or fax). After your insurance benefits have been verified AND I have received your COMPLETED forms I will contact you to schedule the initial series of appointments, which comprise the 'Psychiatric Evaluation'

3. Who attends the appointment:

-The child's legal guardian must attend the appointment. Custodial parents and step parents are encouraged to attend some or all of the sessions.

-My preference is to have the child (the patient) present during the entire intake process. If there is a reason you feel otherwise please indicate in the paperwork. I will then contact you to discuss further.

- Siblings and friends attending appointments is highly discouraged. Please make child care arrangements for your other children as the waiting room is not set up for young children to be left unattended.

4. If your child takes any medication please bring the prescription bottles to the appointment.

5. Bring: your **insurance card, identification/driver's license of the parent whose insurance is going to be billed**, means of **payment** (cash, check, debit/credit card), and in the case of divorced parents, adopted, or foster parents **legal documentation of guardianship and right to make health care decisions on behalf of minor children**

6. Bring **copies of reports** from prior psychiatric, psychological evaluations as well as school Individual Educational Plans (IEP) and/or 504 Accommodation documents and any **discharge summaries** from Psychiatric hospitalizations.

7. Please allow additional time to get to the office and park so that we can begin on time. If circumstances mean that you arrive more than 10 minutes late it may be necessary to reschedule your appointment.

If you park in the underground garage, take the Orange elevators to the 2<sup>nd</sup> floor. Go right and proceed down the hallway until the end. My practice is within the office suites of Neuropsychological and Behavioral Health. Have a seat in the waiting room and I will be out shortly. I look forward to meeting you!

*Erin Jacobson, ARNP*