



## **New Patient Form Guidelines**

- Please complete the **Face Sheet/ Patient Registration Form**
- Please complete pages 1 & 2 only of the **Psychopharmacology Evaluation** as completely as you're able. Make sure to include all medications (and bring in your medication bottles)
- Please sign and date the **Signature Page** stating that you have received and read the Notice of Privacy Policy, Patient Rights and Responsibilities, Medication Rights and Responsibilities, and the Office Policies and Procedures
- Please sign and date the **Cancellation Policy**
- Please bring all **Insurance Card(s)** with you to your appointment

In order to be seen in our office you must bring ALL insurance information with you to your appointment or be willing to pay for services at the time of the appointment.

Without your insurance information, we will unfortunately be unable to see you. Please feel free to call us if you have any questions about this policy.

***Thank you!***