|  |  |
| --- | --- |
| Client Name: |  |
|  |
| Date Of Birth: |  | SSN: |  |
| Gender: | [ ]  Male | [ ]  Female | Race: |  |
| Street Address: |  |
| City: |  | Zip: |  |
| Primary Phone: |  | Alternate Phone: |  |
| Email Address: |  |
|  |
| Name of Contact if not Client: | Contact Phone: |  |
|  | Relationship: |  |
| [ ]  | The above client is a minor or adult with a legal guardian. |
| **Please note that if the guardian of a minor is NOT the biological parent, legal paperwork must be provided at or before the initial appointment.** |



New Patient Request Form

Please complete this form and return it via email, fax, or in person at our local office.

 Email: npr@apalacheecenter.org

 Fax: (850) 523-3320

|  |  |
| --- | --- |
| Insurance Provider: |  |
|  |
| Policy Number: |  | Group Number: |  |
|  |
| Policy Holder Name (if different): |  |  |
| Policy Holder DOB (if different): |  |  |

|  |
| --- |
| Briefly Describe Area of Need: |
|  |
| Referral Source: |  |
| Services Requested: | [ ]  Therapy/ Counseling | [ ]  Medication Management | [ ]  Other:  |  |

A Patient Registration Specialist will contact you within 48 hours regarding your request for services. If you have any questions, please give us a call at (850)523-3308. Thank you!