|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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.** | | | | | | | | | | | | | | | |

Logo

Description automatically generated

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!