



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

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.

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!