



WELCOME

Welcome to ABC Psychiatric Services. I specialize in the evaluation, diagnosis and treatment of psychiatric disorders. I have extensive experience in assessing and treating depression, anxiety disorders, bipolar disorder, and addictions (nicotine, alcohol, and opioid), and attention-deficit hyperactivity disorder (ADHD).

As a client, you can expect:

Quality Time:

It is my belief that quality health care requires quality time spent with patients. A new appointment with me will be up to 60 minutes and cover an extensive medical and psychiatric history. Follow-up appointments are up to 30 minutes in length.

Access

I provide my clients with access to me telephone or secure e-mail and will do my best to respond either the same day or within one business day. Emergencies should be called in to the main office line, dialing extension 1 and then 3 which will connect you to my mobile phone.

Unbiased Recommendations:

Upon conducting an initial evaluation (or during the course of treatment), clients will always be recommended the best treatment options, even if I do not provide the services myself and you have to be referred elsewhere.

Telephone Appointments

Occasionally, follow-up appointments may be done by telephone on a case by case basis. This is based on necessity, convenience, cost, or other factors. These appointments may be shorter in duration and billed based on the shorter time.

Convenience of Payments:

Fees are due at the time of the visit by cash, check, or credit card. If this poses a burden, please contact my office for alternate arrangements prior to the appointment.

Full Disclosure:

I have no contractual obligations to any pharmaceutical companies. Part of the reason I can afford to provide the services listed above is because I do not participate in any health insurance plans, which allows me to see fewer patients, spend more time with each patient, and eliminate excess paperwork, thereby delivering what I consider to be higher quality health care. I will be happy to provide the necessary paperwork & documentation for patients to obtain reimbursement from their insurance companies. Don't hesitate to contact me directly if you have any further questions.

10 Greenway Terrace
Forrest Hills Gardens, NY 11375
(718)261-3232



NEW CLIENT INFORMATION

Date: _____

NAME: First: _____ Last: _____

DOB: _____ Marital Status: **S / M / D / W**

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ ...OK to use?

Home Tel: _____

Work Tel: _____

Mobile Tel: _____

Occupation: _____

Employer/college _____

Health Insurance: *(please bring your insurance & Rx card(s) with you to the first appointment)*

if you have Health Insurance, Name of Provider: _____

Emergency Contact Info:

Name: _____

Relationship: _____

Address: _____

Home Tel: _____

Mobile Tel: _____

Work Tel: _____

How did you hear about my services?

What is your reason for making an appointment?(Please describe your symptoms)



PRIMARY CARE PROVIDER: check if none

Name: _____

Phone: _____

Date of last visit: _____ Frequency of visits: _____

PSYCHOLOGIST OR THERAPIST: check if none

Name: _____

Phone: _____

Date of last visit: _____ Frequency of visits: _____

CURRENT/FORMER PSYCHIATRIST: check if none

Name: _____

Phone: _____

Date of last visit: _____ Frequency of visits: _____

This information is for our records only and any communication with the above named providers will only occur with your signed authorization.

MEDICAL CONDITIONS: *(please list all medical conditions that you have been evaluated for, diagnosed with, and/or treated for, both current and past):*

SPECIALISTS SEEN: *(at any point in the past)*

CURRENT MEDICATIONS:

including OTC (over-the-counter) drugs, herbal remedies, and nutritional supplements, both daily and occasional use:

ALLERGIES *(to medications or foods):*



HOSPITALIZATIONS, SURGERIES, & EMERGENCY ROOM VISITS:

Have you ever had:

- seizures
- blackouts
- fainting spells
- heart palpitations
- chest pain
- shortness of breath/asthma
- fracture or severe injury
- a head injury/concussion
- NONE OF THE ABOVE

SUMMARY OF CLINIC POLICY

PRIVACY:

The confidentiality of your evaluation and treatment will be maintained with the utmost privacy, and in accordance with U.S. Federal standards. In summary, your protected health information will not be shared with anyone except:

- With your authorization allowing communication with a third party.
- For normal health care operations, including obtaining payment.
- If medical records or testimony is ordered by a judge or a court.
- In case of emergency delivery of health care.
- If the sharing of information is required to prevent harm to you or an outside third party.

BILLING & SCHEDULING:

This office does not participate in any insurance plans, however documentation can be provided to individuals to obtain out of network reimbursement based on their personal medical coverage. In general:

- Fees are due at the time of the appointment. Cash, check, and credit cards are accepted.
- Appointment changes or cancellations must be made 1 business day prior to the appointment, otherwise will be billed for 50% of the cost of the appointment, *even if it is a first appointment.*
- Medication refills must be requested at least 2 business days in advance by either phone or secure email.

PATIENT'S SIGNATURE:

DATE:

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