



Appointment Request Form

Instructions: Please fill out form completely and email/fax to the requested office and we will contact you to schedule the appointment.

Patient Information

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| Name: | DOB: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address: | City/State: | Zip Code: |
| Parent Name: | | |
| Phone Number: | Cell/Home | Email: |
| How did you hear about us: <input type="checkbox"/> Physician: _____ <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Internet/Google <input type="checkbox"/> Other: _____ | | |
| Has the patient been professionally diagnosed with any of the following? <input type="checkbox"/> None <input type="checkbox"/> ADHD <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Autism/Asperger's <input type="checkbox"/> Learning Disability/Developmental Delay <input type="checkbox"/> Mood Disorders <input type="checkbox"/> Bipolar <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Psychosis <input type="checkbox"/> Suicidal <input type="checkbox"/> Alcohol/Drug Dependency <input type="checkbox"/> Other: _____ | | |
| List any medications taken for conditions listed above: _____ _____ | | |

Insurance Information

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|-----------------------|---------------|
| Insurance Name: | Phone Number: |
| Policy/Member Number: | Group Number: |
| Policy Holder: | DOB: |

Appointment Request

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|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon Specific Dates Requested (if any): | | |
| <input type="checkbox"/> Charlotte Office - Fax: (980) 636-6518 <input type="checkbox"/> Greensboro Office - Fax: (336) 398-5665 | | |
| Charlotte Physician Preference: | <input type="checkbox"/> Dr. R. Derek Brugman | <input type="checkbox"/> Dr. Perry Roy |
| Greensboro Physician Preference: | <input type="checkbox"/> Dr. Amy Stevenson | <input type="checkbox"/> Dr. Emily Thompson |

Notes/Special Instructions or Questions

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Appointment Details

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| *For Office Use Only* | |
| Completed By: | Scheduled with: |
| Appointment Date: | Appointment Time: |