

Date: _____ Referred By: _____

ADULT PATIENT INFORMATION FOR SKILLS CLASS/BOOTCAMP

Full Name: _____
First MI Last

Preferred Name: _____ **Age:** _____ **Date of Birth:** _____

Gender: _____ **Pronouns:** _____ **Race/Ethnicity:** _____

Address: _____
Street City State Zip

Primary Phone: _____ **Secondary Phone:** _____
Circle: mobile / home / work Circle: mobile / home / work

Email Address: _____
 Check here if you would like this email to be included in our mailing list. This will never be sold to third parties.

Employer: _____ **Phone:** _____

Psychiatrist/Therapist Name: _____ **Phone:** _____

Pharmacy Name: _____ **Phone:** _____

Check here if you would you like appointment reminders by email or text.

Phone number or email to receive appointment reminders: _____

I understand that by opting for appointment reminders, my information will not be used for any reason other than administrative purposes. I also understand that I am still responsible for my appointment and corresponding fees if I do not receive an appointment reminder. Standard texting fees by your mobile provider may incur.

EMERGENCY CONTACT INFORMATION

Contact Name: _____ **Relation:** _____

Phone: _____

Contact Name: _____ **Relation:** _____

Phone: _____

I authorize Peachtree Comprehensive Health, P.C. to communicate with my emergency contact if there is reason to believe my well-being is at risk.

Patient Signature: _____ **Date:** _____

NOTICE OF PRIVACY PRACTICES

I acknowledge that I have read or been offered a copy of the Notice of Privacy Practices for the office of Peachtree Comprehensive Health, P.C.

OFFICE HOURS AND EMERGENCIES

Office hours are Monday through Friday 8:30am to 4:30pm. After hours, your calls will be forwarded to our answering service. If an emergency occurs after regular office hours, please inform the answering service and they will have the physician/therapist-on-call contact you.

PHYSICIAN APPOINTMENTS

When initiating medications, adult patients are often seen more frequently (every 1-2 weeks) and once stabilized, adult patients need to be monitored approximately every three months. Over time with stabilized adult patients, appointments may extend to six months for medication monitoring.

APPOINTMENT CHANGES AND CANCELLATIONS

Please understand that appointment times are reserved and appointments cancelled with **less than 24 hours notice** will be charged the full service fee. If for any reason the physician/therapist needs to cancel an appointment, you will be advised at the earliest possible time.

FRONT OFFICE PHONE POLICY

Please be aware that physicians/therapists are seeing other patients throughout the day and may not be able to return your call immediately. When leaving a message for your physician/therapist, please provide the number at which you can be reached during both daytime and nighttime. Please be advised this is for brief phone calls only and extensive phone calls must be scheduled in advance.

EXTENSIVE PHONE CALL POLICY

For extensive phone calls, you can schedule a phone appointment with your therapist. There is a routine charge for phone appointments based on the time spent on each phone call. Please be aware that there may be an additional charge for after-hour calls, except for life-threatening emergencies.

Physician

5-10 minutes: \$65
11-20 minutes: \$130
21-31 minutes: \$195

Therapists

30 minutes: \$87.00
60 minutes: \$174.00

Therapists (EdD/PhD)

30 minutes: \$92.00/\$100.00
60 minutes: \$184.00/\$200.00

FORMS AND LETTERS

If you need a form/letter completed during your appointment time, please let your physician/therapist know at the beginning of the session so that time is allowed to complete the paperwork. *There is no charge for forms/short letters that may be completed during your appointment time.* For other forms, letter, summaries of treatment, the amount charged will depend on time spent, ranging from \$25 for a more basic letter to \$50 for more complex letters.

Patient/POA Signature: _____ Date: _____

