



Private Practice Psychiatry and Psychotherapy
1501 SULGRAVE AVENUE, SUITE 312, BALTIMORE, MD 21209
T: (410) 858-4020 F: (844) 308-8872

PATIENT INFORMATION FORM

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Social Security Number _____

Address _____ City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____

Email _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone(s) _____

Referral Source _____

Would you like us to send your clinical note or otherwise communicate with your primary care physician? ☐ yes ☐ no

If yes, please fill out the Authorization for Release of Information.

Pharmacy _____

Pharmacy Location/Address _____

Prescription Benefit Manager _____ Insurance State (if other than Maryland) _____

Are you enrolled in Medicare? ☐ yes ☐ no

Via Clinic has opted out of Medicare; therefore, those individuals with Medicare who wish to see us cannot submit claims to Medicare and must sign an agreement stating an understanding of this. I have read the "Policies and fees" handout and understand that I am responsible for full payment at the time of service, that Via Clinic does not participate with any insurance companies, and that I will be charged for phone appointments, any missed appointments, and appointments cancelled with less than 48 hours notice.

Patient Signature

Print Name

Date