



New Client Intake

Last Name: _____ First Name: _____

Please verify spelling, even if it appears obvious!

Address: _____ Is there an apt #?: _____

City: _____ State: _____ Zip: _____ SSN: _____

DOB: _____ - _____ - _____ E-mail address: _____

Phone number: _____

Cell Phone: _____

How did you hear about us?: _____

What is the reason you want to make an appointment with us?

	Yes	No
EM NP Packet		
Directed to Website		
Advised to Arv 45 Mins Early		

Do you have a preference for whom you want to see or would you like the next available appointment?

No	Yes	Whom?

<u>Required Questions:</u>	Yes	No	<i>****If Yes, please follow the following instructions****</i>
If female, are you pregnant?			Consult with TA prior to scheduling
Is this a legal case or court ordered?			Consult with TA prior to scheduling
Is this a workers comp case?			Enter demographics in Lytec. Gather the information listed below and give to TA Claim #: Adjuster: Phone #:
Will you need a report of any kind?			Consult with TA prior to scheduling
Are you coming in for drug or alcohol related issues?			Please indicate which substances and consult with TA prior to scheduling:
Are you taking any controlled substances?			Tell pt "thank you for helping me get a better understanding of how to best serve your needs. The initial evaluation will last around an hour to an hour and a half. The treatment plan devised will be discussed at the first appointment. There is no guarantee that you will receive any controlled medications at that appointment."

Insurance company: _____ ID: _____

What is the member or provider services telephone number, which is located on your card? _____

<u>PACT Atlanta, LLC Staff</u> <u>Use Only:</u>	Caller: _____	Date: _____	CSR: _____																					
"outpatient mental health benefits in the office setting" CP/CI: _____ Yrly Max: _____ Cal/Ot Deductible: _____ Met: _____ Claims Addy: _____ _____	Effective date: _____	dTMS benefits (codes in middle column) CP/CI: _____ Yrly Max: _____ Deductible: _____ Met: _____ Handled by medical or bhvrl plan? (circle) Claims Addy: _____ _____																						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Authorization required?</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">90792</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">99214</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">90837</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">90867 - dTMS</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">90868 - dTMS</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">90869 - dTMS</td> <td></td> <td></td> </tr> </tbody> </table>			Authorization required?	Yes	No	90792			99214			90837			90867 - dTMS			90868 - dTMS			90869 - dTMS		
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