

COOL SPRINGS PSYCHIATRIC

www.cspsychediatric.com

NEW PATIENT APPOINTMENT

Phone: 615-771-1100

Fax: 615-771-1109

354 Cool Springs Blvd., Suite 105
Franklin, TN 37067

Date _____

___ Steven Nyquist, M.D. = *Hx on website*

___ Glenn Yank, M.D.

___ Nurse Practitioner = *Hx on website*

___ Mona Bennett, Ph.D.=*Hx on website*

___ Hampton Howell, Ph.D. =*Hx on website*

___ Melinda Lafferty, Ph.D.

___ Susan Nelson, LCSW =*Hx on website*

Date of Appointment: _____ **Time:** _____

➤ **Patient Name:** _____

Psychiatric treatment before? _____ With whom? _____ need records

MH Hosp/Coop/Centerstone? _____ Where? _____

Referred by _____ Phone# _____

Do any family or friends see doctor in our office? _____

Make first visit: Medication _____ Therapy _____

Pt told Drs. Nyquist, Yank & Howell do not do Disability Determination, Worker's Comp or leave of absence from work _____ ** **Must have \$100 deposit to hold new pt. appt.**

Credit Card# _____ **Exp.** _____ **Vcode** _____

Brief reason for seeing your doctors _____

Address: _____

City _____ State _____ Zip _____

*check best contact phone#

/ /Home Phone: _____ / /Work Phone: _____ / /Cell _____

OK to leave message on? _____ DOB: _____ Age: _____ Gender _____

Social Security # _____ Appt. made by: self ___ spouse ___ parent ___ other ___

**circle one: use another form to complete for secondary policy

***Primary or Secondary Ins.** _____ Phone _____

ID# _____ Group # _____ Employer _____

Insured Name _____ Relationship to Insured _____

Insured DOB _____ Insured SS# _____ Eff. date _____

Out-Patient Mental Health coverage is usually different than on medical card

1. **Mental Health Plan** _____ ***Phone*** _____

Claims address _____

2. **Mental Health co-pay: MD** _____ **Therapist** _____, **deductible \$** _____ **Met \$** _____

3. **INITIAL (90801) Out-patient authorization MD #** _____

Therapist # _____

start date _____ **end date** _____

***M.D. F/U (90862) authorization #** _____ **# visits** _____

start date _____ **end date** _____

Chart# _____

Scheduled by _____ Date _____ Time _____

