

## Evansville Psychiatric Associates New Patient Request

All new individuals requesting to be new patient must submit their benefit information for review. Unfortunately, Evansville Psychiatric Associates is unable to provide service to individual with federally funded programs such as HIP or Medicaid.

Patients requesting to schedule must provide all insurance information including subscribers date of birth and social security. All prior treatment records will need to be released and faxed to 812-671-0627 prior to scheduling. This includes Last notes from prescribing doctors, outpatient therapy, inpatient documentation.

**Patient:** First Name Timothy Middle Initial \_\_\_\_\_ Last Name Hockman

**DOB:** \_\_\_\_\_ **Social Security #** 190-52-4721

Address: 12900 Atwood Rd Email: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # 215-262-1201 Work # \_\_\_\_\_

**Primary Care Provider:** has not aquired one to date/ Jodi Lenco - Hazleton, PA 18202 prior to move

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**Primary Insurance:** SUBSCRIBER NAME: Sheila Hackman Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Subscriber DOB 10/14/62 Subscriber SSN: 464-29-3619

Insurance Encore Phone# 35206 - 800-227-2298

Subscriber ID# 005040075800 Group # 00504

Treatment Goals/Reason for request: \_\_\_\_\_

Travel and work causing a struggle and would like to be properly medicaited so that he is not self medicate to sleep

Will want Jenny. -

Current Medication: lisinopril 10 mg -since 05

History of Drug or Alcohol abuse: **YES/NO** When/ Location: \_\_\_\_\_

Currently or Previously treated by Mental Health: **YES/NO** When/Where: no

Previously complete Psy Testing: **YES/NO** When/Where: no

Previously Treated at EPA or Brentwood: **YES/NO** When: no

Family Member treated at EPA: **YES/NO** Patient Name OR Relation: no

Employee completed: sms Date: 1/22/18