Nazrul Islam, MD, PA  
Request for New Patient Appointment

**NOTE: FILLING OUT THIS FORM DOES NOT CONSTITUE ACCEPTANCE TO OUR SERVICES**

**IF ACCEPTED WE WILL CALL YOU WHEN WE HAVE NEW PATIENT AVAILABILITY**

You Full Name: Click here to enter text.

Best number to reach you: Click here to enter text.

Date of Birth: Click here to enter a date. Age: Click here to enter text. Gender: Choose an item.

You are referred by: Click here to enter text.

Mental Health Insurance: Choose an item.

**Note: This can be different from your general insurance. If unsure, please contact your insurance company to get this information.**

Have you ever been terminated by a previous provider: Choose an item.

Are there charges pending against you: Choose an item.

Are you on probation for any reason: Choose an item.

Are you required by law to see a psychiatrist: Choose an item.

Is this evaluation going to be used in any shape or form for:

1. Custody Choose an item.
2. Disability, FMLA, Work Hours, School, etc. Choose an item.
3. Any other accommodation Choose an item.

Are you expecting us to validate any ongoing disability or other paperwork? Choose an item.

Have you been **sober** from Alcohol, Street Drugs or Prescription Drug abuse for at least 120 days: Choose an item.

Are you prescribed any pain medication(s)? If so, which one(s): Choose an item. medications

Have you required (last 10 years) psychiatric hospitalization: Choose an item.

Have you required (last 10 years) urgent access to mental health: Choose an item.

Have you ever attempted suicide: Choose an item.

Do you (last 10 years) have a history of self-cutting: Choose an item.

Do you (last 10 years) have a history of multiple threats of suicide: Choose an item.

If you answered yes to any of the above items please explain here: type here

In case you are *not* accepted as a new patient, the information above will be shredded within 15 days.

**I AFFIRM THAT INFORMATION PROVIDED ABOVE IS TRUTHFUL**

Please Sign (eSign):Click here to enter text. Please Date: Click here to enter a date.