Nazrul Islam, MD, PA
Request for New Patient Appointment

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

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

You Full Name:

Best number to reach you:

Date of Birth: Age: Gender:

You are referred by:

Mental Health Insurance:

**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:

Are there charges pending against you:

Are you on probation for any reason:

Are you required by law to see a psychiatrist:

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

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

Are you expecting us to validate any ongoing disability or other paperwork?

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

Are you prescribed any pain medication(s)? If so, which one(s):

 Have you required (last 10 years) psychiatric hospitalization:

 Have you required (last 10 years) urgent access to mental health:

 Have you ever attempted suicide:

 Do you (last 10 years) have a history of self-cutting:

 Do you (last 10 years) have a history of multiple threats of suicide:

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): Please Date: