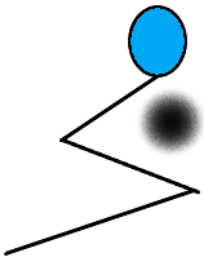

ZenBees Psychiatry and Wellness Services, LLC.
180 Thomas Johnson Drive, #100 Frederick, MD 21702
Phone: 410-693-7401
Fax: 534-429-4341
Email: Zb@zenbeespsychiatry.com

Service Request Form

**Please enter n/a for any non-applicable fields*

Patient Information:

Name: (first/last)_____

Date of Birth:____/___/____ Gender: _____

Home Address:_____ City_____

State:_____ Zipcode:_____

SSN#_____

Home/Cell/work Phone:_____

Email:_____

Primary Care physician (PCP)_____
Phone:_____

Emergency Contact information:

In case of emergency, please notify: _____

Phone: _____Relationship: _____

Method of Payment:

Insurance:	Cash/Credit:	Other

Insurance Member ID:_____ Group Number:_____

Primary Insurance Holder's Name: _____

Date of birth: _____/_____/____ Relationship to patient:_____

What services are you interested in?

_____ Diagnostic Evaluation_____ Medication Management _____ Telepsychiatry (Online Video Appointments)

Chief Concerns (Indicate all that apply):

Anxiety Depression Personality/Mood Disorder	Eating Disorder Panic Disorder ADD/ADHD	Bipolar Disorder Schizophrenia PTSD	Other (describe below):

Current Psychiatric Medication History:

Previous Psychiatric Medication History:

Please note: submission of this form does not create a provider-patient relationship. You will receive an email with available appointments as the providers' clinical availabilities. Due to the volume of requests, requests are reply as first-come-first serve basis.

_____-I understand.

(Please initial)