



ZenBees Psychiatry and Wellness Services, LLC.
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Easton location: 7 S Park Street, Easton, MD 21601
Phone: 410-693-7401
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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
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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):
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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)

