

Coastal Mental Health Center

Schedule Department
(P) 800-614-4124
(F) 888-217-4124

Daytona
801 Beville Rd. Ste.202
Daytona, FL 32119

Orange City
300 Treemont Dr.
Orange City, FL 32725

Orlando
1320 N. Semoran Blvd, Ste 107
Orlando, FL 32807

Palm Bay
5200 Babcock St. NE, Ste 105
Palm Bay, FL 32905

Cocoa
840 N Cocoa Blvd,Ste. E
Cocoa, FL 32922

Kissimmee
829 E. Oak St. Ste C
Kissimmee, FL 34744

Leesburg
120 E. North Blvd.
Leesburg, FL 34748

Sanford
520 W Lake Mary Blvd. Ste 203
Sanford, FL 32773

PATIENT DEMOGRAPHICS

Patient Name: _____ Guardian of Patient: _____
Patient Date of Birth: ____/____/____ Social Security: ____-____-____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: (H) _____ (M) _____ (O) _____

INSURANCE INFORMATION

Insurance Carrier: _____ Policy I.D. #: _____
Copayment: _____ Deductible: _____ Out-of-pocket: _____

ORDERING PHYSICIAN (please circle one)

Referring: Agency/Physician Name: _____
Referring: Agency/Physician Address: _____
City: _____ State: _____ Zip Code: _____ - _____
Phone: _____ Fax: _____ Direct: _____

Reason for Referral

Referring DX Code: _____
Referring Chief Complaints: _____

Required Paper work for Initial Appointment:

_ Guardianship Paper work _ Recent Laboratory results (within the last 6 months) _ Picture I.D. card
_ Insurance Card _ List of Medications (OTC / Prescribed) _ Clinical Notes
_ Agency Narrative Summary _ Therapeutic Notes (most recent)

Initial Assessment: _____ Provider: _____
Psychiatric Evaluation: _____ Provider: _____

*****PLEASE INCLUDE DIAGNOSIS CODE TO ACCURATELY SCHEDULE THE PATIENT*****