

Child, Adolescent & Adult Psychiatry of Raleigh, P.A.
Mailing Address: 4041 Ed Drive, Suite 108, Raleigh, NC 27612
Clayton Address: 8838 US 70 Bus Hwy W Suite 200 Clayton, NC 27520
Telephone: For New Patients Only: (919) 324-3383
For Existing Patients Only: (919) 324-3385 or (919) 324-3386
Fax: (919)324-3404

(you must include office notes, test, results, & copy of insurance card. Also send insurance referral if required.)

Patient Full Name: _____

Mailing address including zip code:

Date of Birth: _____ Age: _____ M or F

Referring Doctor's name, Practice name, address, phone number, and fax number:

Referring Doctor's NPI# _____

Who is calling for this appointment: _____

Parent/Guarantor name: _____

Contact Numbers: (H) _____ (C) _____

Insurance Company Name: _____ Policy #: _____

Authorization #: _____

DX: _____, _____, _____

Notes:

