

**DO NOT FILL OUT IN YOUR BROWSER.
DOWNLOAD, THEN OPEN/TYPE IN ADOBE
READER.**

This form does not guarantee an appointment. No patient-physician relationship is established by use of this form.

You may email this form (once completed, save, and send as an attachment to info@braslow.net), or fax to (415) 494-8642. If you email, note that transmission may not be secure, and may expose this info to third parties.

If your child is experiencing any emergency, including suicidal or homicidal thinking, side effects to medication, or any other urgent or time-sensitive matter, do not use this form. Instead call 911 or go to your closest emergency room.

Name of person filling out this form, and relationship to child:

Your phone number:

Your email address:

Referral Source:

Your child's name, age, and grade:

Are the biological parents divorced? If so, who has medical decision making authority?

What are your concerns about your child?

- Anger
- Anxiety
- Attention issues
- Depression
- Mood instability
- Relationship issues
- Stress
- Substance Abuse
- Other

What kind of care is being sought?

- Psychotherapy
- Medication Management
- Both
- Unsure
- Other

Check all of the following that apply to your child:

- My child in therapy now.
- My child is on psychiatric medication now.
- My child is having thoughts of suicide now.
- My child has taken psychiatric medication before
- My child has had thoughts of suicide recently.
- My child has attempted suicide in the past.
- My child has been hospitalized for psychiatric reasons.
- None of the above applies to my child.

Provide more detail if you wish here:

Which office location is preferred?

- Berkeley
- San Francisco
- Either

If there is no availability there, would the other office location be acceptable?

- Yes
- No
- Maybe

I am aware that Dr. Braslow is not an in-network provider for any insurance plan and that he does not submit claims. However, I will get a statement so I may try to get out-of-network reimbursement.

- Yes
- No

So that we may focus on clinical matters, Dr. Braslow requires a valid credit card to be securely stored electronically in the patient portal. This is so that we can avoid billing problems and can focus on your clinical care. Do you consent to provide this information?

- Yes
- No