



Rachel G. Folger, PMHNP-BC

83 Ohio Street

New Bedford, MA 02745

Ph: (856)452-4699

Fax: (774)307-4144

Website: amourdesoibhs.org

Patient Name: _____

Initial Appointment Date: _____

Paperwork Deadline Date: _____

Patient Checklist Prior to Initial Visit:

- Create patient portal account.
- Complete intake paperwork at least 3 days prior to appointment.
- Indicate whether an office or telehealth appointment.
- Provide a picture of the patient's health insurance card.
- Provide copy of patient's driver's license if 18 years or older – or – provide a copy of both parent's driver's license.
- Provide name, date of birth, and address of person who pays for the patient's health insurance if other than the patient (not needed with MassHealth).
- Provide any psychiatric or psychological assessments/evaluations for the patient.
- Provide any prior psychiatric treatment documentation/history.

FOR INTERNAL USE ONLY BELOW THIS LINE

- Send welcome/instruction email
- Send portal request to patient/guardian
- Send measures to portal account