

New Patient Intake Request

We require that our forms be completed before appointment requests are approved. Requests made without submitted forms, will not be honored.

NEW PATIENT SCREENING

Are you making this appointment for youself? *
• Yes
No, it's for my minor child.
No, I'm making it on behalf of an another adult.
Do you have medicare of any kind? *
○ Yes
No
○ I don't know
Do you have United Health insurance? *
• Yes
○ No
Take photo of the front of your insurance card *

Take photo of the back of your insurance card *

Name *				
Maxie	Schmidt			
First Name	Last Name			
Name of Par	rent or Gua	rdian		
Sarah	Schmidt			
First Name	Last Name			
Email *				
maxieds@gn	nail.com			
example@exam	ple.com			
Date of Birt	h *			
11-25-1985				
Date				
! Enter a v	alid date			
Address *				
251 10th Stre	et NW			
Street Address				
C101				
Street Address L	ine 2			
Atlanta		GA		
City		State / Province		
30318				
Postal / Zip Cod	le			

Phone Nu	ımber *
636	- 751-4916
Area Code	Phone Number
mergen	cy Contact Name *
Sarah	Schmidt
irst Name	Last Name
Emergen	cy Contact Phone Number *
636	- 751-8327
Area Code	Phone Number
£!	ease explain:
minimum a dange me outsi	a (PFL); Getting too "high" on Klonapin written at a 3mg/day n starter dose by a PFL doctor -> nurses assistant reports I am r to my father, Don, sitting in the waiting room when they led de from the doctors office in handcuffs; 2019): Suicide attempt;
Have you • Yes • No	had any past suicide attempts? *
If yes, ple	ease explain:
ex-boyfr of my Ad	ly 20's; In 2019: The working hypothesis is that my sister's iend got to "Zannied up" and slipped me "Molly" (MDMA) in place derall generic tablets. I did my requisite 1.5 days in patient ip the "debt to society" that week.

Have you been diagnosed with a psychiatric condition or disorder in the past? If so,

please explain:

In historical order: (1) Asperger's syndrome;

(2) ADHD;

(3) Schizoaffective disorder;

(4) PTSD/panic attack disorder following a traumatic rape in 2014-2015

(0) Historic predisposition to depression and anxiety

Are you currently taking medication? If so, please list:

(1) Vyvanse (70mg)

(2) Adderall (generic) tablets (10mg x2 per day)

(3) Abilify sustained release injection (new in place of tablets about

(4) My GA Tech Stamps provider discontinued Klonapin (2mg/day) due to an understated campus "no benzos" policy -- I believe this was a mistake (5) Effexor (historically -- discontinued about 1.5 years ago to my

detriment) (6) Fish oil

(7) Odanstron (8mg tablets)

(8) Topical creams by gyno

REASON FOR VISIT

What is the reason for this visit? *

My psychiatrists at GA Tech Stamps are not capable of compassionate specialist care for my psychiatric conditions. Most recently, they neglected to notice a long-term occurrence of "mild" serotonin syndrome stemming from an interaction between Vyvanse and the new Abilify injections. I told Aleema Zakkers to take a F-ING flying leap in more words than that, and she issued me the same unprofessional sentiment. I need the new MD to write my standard issue ADHD meds for next month, and to revisit my old prescription of a low dose of Clozaril (clozapine generic tablets) in place of the Abilify "hell" syndrome that has ensued after they forced me to start taking that medication on a regular basis via the injections.

I feel that the ADHD med regimen is too weak. One of the triage nurses at Emory ER this week informed my that my use case for the stimulants I am on is normal and to consider stronger amphetamines for long-term treatment. N.b., I am not (yet) a (medical) doctor.

Are you looking for assistance for any of the following? *

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Help with a custody case

Help with short term or long term disability

Help with a legal matter

Help with substance abuse

None of the above

PRACTICE INFORMATION

Controlled Substances: Dr. Ibelema does not routinely prescribe benzodiazepines such as xanax, klonopin, ativan or valium etc. unless one is looking for help getting off of them. Stimulants like adderall, vyvanse, dexedrine, ritalin etc. will only be prescribed if they are clinically indicated after a rigorous evaluation even if you have been prescribed them by another physician. *

I undersand

Insurance: We are primarily a direct pay practice. If we are not contracted with your insurance, fees for services are the responsibility of the patient or their parent/guardian. *

I understand.

Missed appointments and last minute cancellations prevent us from providing care to patients who are in need of care. In order to decrease the number of missed appointments, we do require that fees for new patients be covered prior to the appointment. If your appointment is confirmed, your card on file will be charged \$350 for adults and \$400 for children. You may opt to cancel your appointment with at least a 48 hour notice. In the future, fees for follow up appointments may be paid on the day of your appointment. *

I understand.

Telemedicine: Dr. Ibelema is able to provide treatment to patients located in Colorado, Florida and Georgia. One must be physically located in one of the above states at the time of your appointment. *

I understand.

We will review your information to make sure that we can meet your needs at Midtown Psychiatry. If your appointment is approved, we will send a confirmation to you via email. Your appointment is not confirmed until you receive a confirmation from us. *

I understand

Submit