

Chat & Change

535 East 4500 South Suite D280 Salt Lake City, UT 84107
Phone: 801-699-3133 or 385-368-8228 Fax: 801-747-6858

Todays Date

Client's Name

Social Secutity #

Date of Birth

Parent or Guardian (if applicable)

Phone #

Street Address

City

State

Zip

Email Address

Preferred Phone

Appointment Reminder: Phone Email Text

Emergency Contact: _____ Phone: _____

Health Information: We work integratively with your health care providers(s) as necessary to be sure you are receiving comprehensive, whole person care. We request that you fill out the following health information and authorize your provider to coordinate care with your physician.

Physical Symptoms _____

Medications: _____

Primary Care Physician : _____ Phone _____

_____(initial) I authorize my provider at Chat & Change to consult with my Primary Care Physician to coordinate care.

Provider Use:

Diagnosis Code _____

Provider Name: _____

Provider Singnature _____

Office Use:

Benefits Veified: _____

By: _____

Date: _____