

Chapel Hill Psychiatric Associates, PA

Medical Update Form

We are transitioning to electronic medical records and would like to take this opportunity to update your medical history.

Name: _____

Medication allergies: _____

Current medical problems: _____

Current prescription medications with doses if possible: _____

Current herbal products, supplements or vitamins: _____

Primary care provider: _____

Primary care provider's fax, phone and/or address _____

_____ Initial here if you **do not** want your PCP contacted. We may still contact the provider if there are safety or serious health concerns.

Please be sure to tell us anytime your insurance changes. Some insurances require that you call to obtain a prior authorization BEFORE you first use the insurance. If your insurance changes and you do not call you might end up being billed for the visit(s).