

**Janet E. Settle, MD, PC**  
Integrative Psychiatry

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**New Patient Inquiry**

Please fill out this form and return to [DrJanetSettle@gmail.com](mailto:DrJanetSettle@gmail.com) or fax to (303) 393-6291.

**Insurance Information:**

- We are out of network for all insurance carriers. If you see Dr. Settle's name on your insurance list, that applies only to TMS treatment at TMS Solutions.
- All fees are due at the time of service. Upon request, we can provide a superbill to be submitted to your insurance carrier for reimbursement.
- Dr. Settle can see patients with Medicare, however she does not participate in Medicare. Patients must sign an agreement stating that they will not submit her charges to Medicare for reimbursement.
- Dr. Settle does not participate in Medicaid, and is not allowed to see patients with Medicaid, even on a cash basis. Please do not apply to become a patient if you have Medicaid.

**Fee Structure:**

- New Patient Consultation (90 Minutes): \$510
- 45-Minute Follow-Up Visit: \$285
- 30-Minute Follow-Up Visit: \$210
- 15-Minute Follow-Up Visit: \$135

**Self-Screening:**

- We treat adults 18 and older.
- We will keep your credit card on file to pay fees in full on each date of service.
- We are open during usual business hours Monday through Friday.
- We do not have evening or weekend appointments.
- Substance abuse is best treated by a specialist. We will refer you to an addiction specialist if this is an active issue.
- We don't perform evaluations for worker's comp, social security disability, custody evaluations or other legal proceedings.
- We are generally scheduling at least 1-4 weeks out for intake visits. Typically, we don't have openings available for urgent appointments.
- We are not currently accepting new patients for psychotherapy.

**Patient Information:**

Name: \_\_\_\_\_ Age \_\_\_\_\_

Today's Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Do we have your permission to leave a voicemail message at this number? Yes \_\_\_ No \_\_\_

Email: \_\_\_\_\_

Do we have your permission to contact you about scheduling by email? Yes \_\_\_ No \_\_\_

For what symptom(s) or condition(s) are you seeking treatment?

**Current problem areas.** Check all that apply:

- Depression
- Menopause
- Fatigue
- Anxiety/Panic
- Other hormone issue
- Bipolar disorder
- Insomnia
- ADHD
- Other \_\_\_\_\_

**Current treatment for these problem areas.** Check all that apply:

- Psychotherapy
- Medications from PCP
- Medications from a psychiatrist, psychiatric nurse or psychiatric PA
- Treatment from another kind of provider \_\_\_\_\_

**What kind of treatment are you hoping for?** (check all that apply)

- I am primarily interested in psychiatric medication evaluation and management
  - I am primarily interested in alternatives to psychiatric medication
  - I am primarily interested in transitioning off psychiatric medication
  - I am primarily interested in an evaluation for hormone replacement therapy
- (We are not currently accepting new patients for psychotherapy)

**How were you referred to Dr. Settle?**

- Referred by my insurance plan
- I am a former patient
- Found online
- I was referred by \_\_\_\_\_ who is my \_\_\_\_\_ (e.g., doctor, therapist, friend, relative, etc.)

**Who is your insurance carrier?** \_\_\_\_\_

- I'm looking for a provider on my insurance plan
- I plan to pay out of pocket
- I'm okay with an out of network provider

**Do you need appointment times at certain times of the day or week?**

- My schedule is flexible
- The best times for me are \_\_\_\_\_
- I can only come at these times \_\_\_\_\_

**If you are already receiving treatment, what is prompting you to seek additional consultation now?**

- N/A. This is my first treatment
- I just moved to the area
- Prescriber retiring or left his/her practice
- Relationship with last prescriber didn't work out

**Hospitalization for mental health issues:**

- I am currently in the hospital or in an intensive outpatient treatment program \_\_\_\_\_
- I have been hospitalized in the last 12 months
- The year of my last hospitalization was \_\_\_\_\_
- I have never been hospitalized or in an intensive outpatient treatment for mental health treatment

*Thank you for your interest! We will process your request as quickly as possible.  
Typically, we will be able to get back to you within one week.*