

Haven Howell, M.D.
Child, Adolescent & Adult Psychiatry
500 Kimbark Street, Suite 200
Longmont, CO 80501
Telephone (720) 652-0416 Fax (720) 652-0408

Thank you for your interest in scheduling a new patient appointment with Dr. Haven Howell. If you are interested in scheduling yourself or a family member please complete and return the enclosed form. Upon receipt of the form we will present the information to Dr. Howell and review her schedule to determine when we can accommodate your request. Currently, we are scheduling new patient appointments within 1-2 months of receiving the interest form back.

Dr. Howell performs a child/adolescent evaluation in three forty-five minute appointments. An adult evaluation is a two hour appointment. Prior to these appointments Dr. Howell will have the patient and/or parents complete paper evaluations. We ask that the evaluations be returned to our office prior to the first appointment so that we can score them and Dr. Howell will review them with you at the first visit.

Dr. Howell does not participate with any insurance panels and requests payment at the time of the visit. Dr. Howell will provide you with an invoice that you can submit to your insurance company in the event you have out-of-network benefits. The fee for a child evaluation is \$450.00; an adult evaluation is \$400.00. If a course of medication is prescribed, subsequent visits will initially occur every month for medication monitoring and the fee is \$100.00 for a thirty minute appointment. Once a patient is established on a medication Dr. Howell will monitor the medication with an appointment every 3-4 months. If you have any questions please feel free to contact our office.

Sincerely,

Office Staff

Haven Howell, M.D.
Appointment Interest Form

Patient Name _____ Date of birth _____

Parent/Guardian Name _____ Phone number _____

Referred by _____

Has the patient had previous psychiatric treatment?

If yes, Where?

Presenting problem(s)

Please mark all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Sadness | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Medication Evaluation |
| <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Behavioral Issues | <input type="checkbox"/> Panic |
| <input type="checkbox"/> Obsessive Thoughts | <input type="checkbox"/> Angry/Resentful | <input type="checkbox"/> Self-dislike |
| <input type="checkbox"/> Suicidal Thoughts | <input type="checkbox"/> Crying | <input type="checkbox"/> Loss of Interest |
| <input type="checkbox"/> Loss of Energy | <input type="checkbox"/> Loss of Appetite | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Inattentive, easily distracted | | <input type="checkbox"/> Sleep issues |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Impulsivity | <input type="checkbox"/> Forgetful |
| <input type="checkbox"/> Other | | |

What medications is the patient currently taking?

Is there any medical history or trauma that you would like Dr. Howell to be aware of?