

New patient information for Dr May-Davis Practice

Preferred name:

Date of birth:

(reminder that Dr. May-Davis does not specialize in child/adolescent or geriatric psychiatry).

Address:

Phone:

Email:

Gender:

Sex:

Preferred pronoun:

What are you wanting help with from our practice? (circle all that apply)

Medication management

Lifestyle coaching/support/wellness work

Integrative approach to mental health

Accelerated resolution therapy

General psychotherapy

For what issues or concerns are you seeking help?

Who referred you to our practice?

REMINDER: Doctor May-Davis only sees patients at her full fee rate and provides receipts for reimbursement out-of-network. She is not current taking any private insurance plans and does not generally see patients on Medicaid or Medicare.

Please download and fax to 512-291-6507, bring by the office, or scan and email (encrypted as you prefer) to frontdesk2224@may-davis.com.