



Post-Hospitalization: First Appointment Form

MY PSYCHIATRIST:

My outpatient psychiatrist's name is _____

I have an appointment scheduled with them on _____

The location of this appointment is _____

The phone number of the office is _____

Directions to the office

MY THERAPIST:

My outpatient therapist's name is _____

I have an appointment scheduled with them on _____

The location of this appointment is _____

The phone number of the office is _____

Directions to the office

My First Appointment

When I have my first appointment with my outpatient psychiatrist or therapist, I want to discuss these issues:

This is what I think about my diagnosis:

How I feel about taking the medication(s) I've been prescribed:

Other things I want to tell my outpatient doctor:

For More Information

University of Michigan Depression Center

1-800-475-MICH or 734-936-4400

www.campusmindworks.org/

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