

Coastal Psychiatric Medical Associates, Inc.
12845 Pointe Del Mar Way, Suite 200
Del Mar, CA 92014
Tel: 858-259-0599
Fax: 858-794-7218

Child/Adolescent First Appointment Instructions

1. Print All forms.
2. Adult Questionnaire: Please complete and sign each page.
3. Consent to Release Information to the Primary MD: Initial where indicated and sign ONLY IF you would like your provider to fill out the form in order to coordinate care with your Primary Physician. If you do not want the form sent, please cross out the form and bring to your appointment. This form is optional, but important so your doctor knows about your care with us.
4. HIPPA - Notices of Privacy Practices: This information is for you to review. Please keep it for your records.