

Folia Form: New Provider Preparation

DATE:	LOCATION:
TIME:	DOCTOR:

INSURANCE INFORMATION

INTRODUCTION AND FAMILY HISTORY

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PAST PERSONAL, TREATMENT, AND VISIT HISTORY

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WHAT I AM TRACKING ON FOLIA

- Physical symptoms
- Mental health
- Behavioral symptoms
- Other

Scan for App
Access



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QUESTIONS

1.

2.

3.