



**Rees Chapman, Ph.D.**  
Licensed Clinical Psychologist

40 Cosens Lane  
Dahlonega, Georgia 30533  
office 706-864-0695  
website [www.DrChapman.org](http://www.DrChapman.org)

Dr. Chapman offers an appointment reminder service, and will make an effort to contact me a day or so in advance of my appointments if I wish. With regard to this service:

**Do not remind me of pending appointments.**

**Remind me of pending appointments. I wish to be reminded by:**

**telephone** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**if my phone is answered by voicemail, please leave a message.**

**email** \_\_\_\_\_

**cellphone text message**

**cell #:** ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

**cellphone carrier** \_\_\_\_\_

I understand that I am responsible for keeping all scheduled appointments, unless I notify Dr. Chapman at least 24 hours prior to the appointment time that I will cancel or reschedule. I understand that I will be billed for appointments missed with less than 24 hours' notice, or (if my insurance does not allow missed appointments to be billed) future appointments may be removed from Dr. Chapman's schedule.

\_\_\_\_\_  
name

\_\_\_\_\_  
date