

INNOVATIVE PSYCHOLOGICAL CONSULTANTS, LLC:
INTAKE DATA SHEET

CLIENT HERE FOR APPOINTMENT

Name: _____ Date of Birth: _____
Address: _____ SSN: _____ - _____ - _____
City: _____ State: _____ Zip: _____ County: _____
Phone(s): Home: (_____) _____ - _____ Work: (_____) _____ - _____
Cell: (_____) _____ - _____

Ok to call at: (Circle those that apply) Home Work Cell
Ok to leave message at: (Circle those that apply) Home Work Cell

Emergency Contact Person: _____ Phone: _____

*If Client is a minor child, who should bills be sent to? _____

INSURED/POLICY HOLDER INFORMATION

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
(If different from above)
Phone: Home: _____ Work: _____ Cell: _____

INSURANCE INFORMATION

Name of Primary Insurance Carrier: _____ Group #: _____
ID#: _____ Phone # for Insurance: _____
Name of Secondary Insurance: _____ Group #: _____
ID#: _____ Phone # for Insurance: _____

VISIT & APPOINTMENT REMINDERS/INVOICES

**** Briefly Describe the Reason You are Here:** _____

**** Appointment Reminders & Invoices:**

I.P.C. is capable of sending an appointment reminder via email the week of your scheduled appointment. We can also send invoices/statements via email. If you would like appointment reminders and/or invoices sent electronically, please list your email address below and check if you want appointment reminders and/or invoices. Please keep in mind that email transmissions are not secure and can be intercepted by third parties and/or employers. By providing your email address below, you are consenting to having appointment reminders and/or invoices sent via email and acknowledge that your confidentiality cannot be guaranteed specific to these appointment reminders and/or invoices.

E-Mail Address: _____

- Appointment Reminders
- Invoices