

INNOVATIVE PSYCHOLOGICAL CONSULTANTS, LLC:
INTAKE DATA SHEET

CLIENT HERE FOR APPOINTMENT

Name: _____ Date of Birth: _____
Address: _____ SSN: _____ - _____ - _____
City: _____ State: _____ Zip: _____ County: _____
Pronoun Preference: He/Him She/Her They/Them
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)

INSURANCE INFORMATION

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

VISIT & EMAILS

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

E-Mail Address: _____

I.P.C. will send all invoices to the email you are providing. Invoices come as a PDF attachment. These emails will come from dorian@ipc-mn.com Please add this email to your safe sender list to avoid spam blockers from intercepting your email invoice. By providing your email address above, you are consenting to having invoices sent via email and acknowledge the risks inherent to email transmissions.

I.P.C. will also add you email to our newsletter where important information and resources are shared. If you want to specifically opt out of emailed invoices or our newsletter, please indicate below.

- ☐ **I Do Not wish to receive email Invoices**
- ☐ **I Do Not wish to receive email Newsletters**