

New Client Inquiry

Name of Person Making Contact: _____ Date: _____
Date/time of First Scheduled Appointment _____
Source: inneractionunlimited.com Psych Today Call/Email MFT Directory MDLive
Insurance Co. Langley EAP Personal Referral Call in to Office
For: _____
Referred By: _____ Phone: _____
Doctor's Referral Needed? _____ Doctor' Name: _____
Doctor's Address: _____ Doctor's Phone Number: _____

Client Name: _____ **DOB:** _____
Insured: _____ **Phone:** _____
Address: _____

Email: _____ **Cell Phone:** _____

Employment: _____ **Work Phone:** _____ **OK?** _____
Restrictions: _____

Spouse/Parent/Dependent: _____ **DOB:** _____
Email: _____ **OK to contact?** _____
Home Phone: _____ **OK:** _____ **Cell Phone:** _____ **OK?** _____
Employment: _____ **Work Phone:** _____ **OK?** _____
Restrictions: _____

Primary Insurance: _____ **Phone:** _____
Subscriber's Name: _____ **SSN:** _____ **DOB:** _____
Policy #: _____ **Group #:** _____
Subscriber's Employment: _____ **Phone:** _____
Authorization needed/obtained: _____

Secondary Insurance: _____ **Phone:** _____
Subscriber's Name: _____ **SSN:** _____ **DOB:** _____
Policy #: _____ **Group #:** _____
Authorization needed/obtained: _____