

## New Client Intake Form

### New Client - Health Insurance Details

All fields marked with \* are required.

For each new client entering your practice, he/she will need to fill out this simple intake form. The following form is secure and encrypted. Questions? [Contact Us.](#)

For clients who prefer to manually fill out the form and fax it to us, you can download it here and fax it to (888) 508-2108.

\*Provider / Therapist Name:

Choose one...

\*Your First Name:

\*Your Last Name:

\*Email:

\*Date of Birth:

-Month- -Day- -Year-

\*Sex:

Male  Female

\*Patient's Marital Status:

Choose one...

\*Patient's Address:

\*City:

\*State:

Choose...

\*Zip:

**\*Country:**

**\*Phone:**

**\*Name of Person to Contact in the Event of an Emergency:**

**\*Emergency Contact Person's Relationship to You:**

**\*Emergency Contact Person's Phone Number:**

**Primary Insurance Provider:**

**Name of Policy Holder:**

**Policy Holder Date of Birth:**

-Month- ▾ -Day- ▾ -Year- ▾

**Relationship to Patient:**

**Subscriber ID#:**

**Group #:**

**Provider Customer Service Phone Number:**

*This should be on your insurance card*

**Co-Pay:**

**Deductible:**

**Pre Authorization #:**

Number of Visits:

Secondary Insurance:

Upload Pictures of Insurance Card (Front/Back)

  

Please click "choose file" to select a file. You may upload up to five files. After selecting the file, click the upload button to upload them. Click the X to delete a file.

### Patient Information (If different from primary subscriber)

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Dependents Date of Birth:

  

Other Notes:

Patient's Address (If different):

City:

State:

Zip:

Country:

SUBMIT FORM



[Reset Form](#)