

# PATIENT INTAKE FORM TEMPLATE

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DATE

ADMINISTRATOR

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IS THIS A PREVIOUS PATIENT?

REFERRED BY

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## PATIENT ONBOARD INFORMATION

<b>NAME</b>		<b>HOME ADDRESS</b>	
<b>CELL PHONE</b>			
<b>ALT. PHONE</b>			
<b>EMAIL</b>		<b>WORK ADDRESS</b>	
<b>SOC SEC NUMBER</b>			
<b>DATE OF BIRTH</b>			

Describe the reason for the visit.

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## INSURANCE INFORMATION

<b>NAME OF CARRIER</b>		<b>INSUREDS DATE OF BIRTH</b>	
<b>NAME OF INSURED</b>		<b>GROUP NUMBER</b>	
<b>SUBSCRIBER ID</b>		<b>SIGNATURE</b>	

## PAYMENT INFORMATION

<b>PAYMENT TO</b>		<b>PAYMENT DATE</b>	
<b>RECEIPT NUMBER</b>		<b>AMOUNT PAID</b>	
<b>PAYMENT METHOD</b>			
<b>RECEIVED FROM</b>		<b>RECEIVED BY</b>	
<b>ACCOUNT INFO</b>			<b>PAYMENT PERIOD</b>
<b>ACCT BALANCE</b>	<b>THIS PAYMENT</b>	<b>BALANCE DUE</b>	<b>FROM</b>
			<b>THROUGH</b>
<b>PAYMENT FOR</b>			<b>ADDITIONAL INFO</b>
			<b>THANK YOU</b>

NOTES

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