mind & body wellness

2900 WESTOWN PKWY
SUITE 240
WEST DES MOINES, IA 50266

Intake Form

Date:_____ Social Security #:_____-_____-_____

Client Name:_____ DOB:_____ Age:_____

Address:_____ City:_____ Zip:_____

E-Mail:_____ May we e-mail you practice information? Y N

Name of Guardian(s) if Client is under 18 years old:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Please indicate at which pone you prefer us to leave a message: H ____ W ____ C ____

Employer:_____ Referred by:_____

Marital Status: Married_____ Single_____ Divorced_____ Widowed_____ Partnered_____

If Married/Partnered, how long:_____ Spouse's/Partner's Name:_____

Other important people for the client:

Name Age Relationship

_____

_____

_____

_____

INSURANCE INFORMATION FOR POLICYHHOLDER:

Insurance Coverage: Yes____ No____ Date of Birth:_____ Phone:_____

Name of Policy Holder:_____ Employer:_____

Address:_____

Name of Insurance Company:_____

Insurance Group Number:_____ Insured ID Number:_____

ASSIGNMENT OF INSURANCE BENEFITS: The undersigned hereby authorizes the release of any information relating to all claims for benefits submitted on behalf of myself and/or dependents. I further expressly agree and acknowledge that my signature on this document authorizes Mind and Body Wellness to submit claims for benefits for services rendered or to be rendered, without obtaining my signature on each and every claim to be submitted for myself and/or dependents, and that I will be bound by this signature as though the undersigned had personally signed the particular claim.

Signature of Subscriber:_____

What made you choose Mind & Body Wellness? (check all that apply)

- ☐ Therapist was on my insurance web site
- ☐ Verbally recommended by my insurance company
- ☐ Doctor recommendation
- ☐ Friend/family member recommendation
- ☐ Convenient location
- ☐ Therapist has the specialty I need
- ☐ Other_____
- ☐ Hospital recommendation
- ☐ School counselor recommendation
- ☐ Mind and Body Wellness Website
- ☐ Social Service Agency
- ☐ Court ordered referral
- ☐ Internet search using: Google____ Yahoo____ Safari____ Firefox____ Other_____

*Please print and return filled out form to Mind & Body Wellness. Forms should not be submitted via email.