

*Neuropsychiatric Associates, PLLC*

## Intake Form

Complete **all sections** of this form and fax to (904) 379-5967, or email to: [medicalrecords@nepajax.com](mailto:medicalrecords@nepajax.com)  
You will receive a call to schedule your appointment within 24 business hours.

Appointment with Psychiatrist     Appointment with Therapist \_\_\_\_\_     Both

Client Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Parent/Guardian/Spouse : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Okay to leave a message?  Home     Cell    E-mail: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Employer: \_\_\_\_\_

Payment Method: \_\_\_\_\_ Card for no-show: \_\_\_\_\_ Exp: \_\_\_/\_\_\_  Verified

Primary Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

Group #: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_ Co-Pay: \_\_\_\_\_ Ded: \_\_\_\_\_

Insurance Phone for Mental Health: \_\_\_\_\_ Subscriber DOB: \_\_\_/\_\_\_/\_\_\_

Subscriber SSN: \_\_\_\_\_ Authorization Number: \_\_\_\_\_ Dates: \_\_\_\_\_

How were you referred? \_\_\_\_\_ If online, which website? \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Fax: \_\_\_\_\_

For Office: Insurance Verified by \_\_\_\_\_ First Appt: \_\_\_\_\_

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