

INTAKE FORM for Wynns Family Psychology

Contact Information: Please fill in the following information.

Name of client _____

Name of parent(s) (if client is minor): _____

_____/_____
Mailing Address Work / Cell Telephone Numbers

_____/_____
City, State and Zip Code Home Telephone Number

Email Address Date of Birth of Patient
(if couple, of person with insurance)

In case of emergency, please call:

Name & Relationship Telephone Number(s)

If patient is a child or adolescent, please provide the following:

School: _____ Grade: _____ Age: _____

What are your primary concern(s):

Name of psychologist: _____ **Date of first session:** _____

*If you'd like for us to check your insurance benefits, let us know and we can make a copy of your insurance card.

Name and DOB of subscriber: _____

Referral Source: Please indicate how you were referred to us by placing a check in the box.

Friend/Colleague Professional Referral _____
(Please write in the name of the person who referred you.)

Online (Please circle) wynnsfamilypsychology.com psychology today directory
Which search engine did you use to get to the website? (e.g., Google search, Yahoo search, etc.)
Other _____

- What keywords were used in search engine? : (e.g., "Child Psychologist Durham", "AD/HD testing Chapel Hill" etc.) _____

Brochure or flyer (Where did you find brochure)? _____

Media (Please circle) Bob and the Showgram TV (My Carolina Today) or news
StayHappilyMarried.com Podcast

Magazine (please circle) Carolina Parent Cary Magazine Yellow Pages

