



CORNER CANYON COUNSELING & PSYCHOLOGICAL SERVICES

248 East 13800 South, Suite 4, Draper, UT 84020
14241 South Redwood Road, Suite 100, Bluffdale, UT 84065
Phone: 801.816.1801 Fax: 801.501.0249

PATIENT INTAKE FORM

Date _____

Patient Information

Legal Name _____

Preferred Name _____

Social Security Number _____

Date of Birth _____ Gender _____ Age _____

Street Address _____

City _____ State _____ Zip _____

Preferred Phone Number _____

Preferred Email Address _____

Insurance Information

Information on Primary Insurance Company

Insurance Company _____

Policy Holder's Name _____ Social Security Number _____

Policy Holder's Address _____

Policy Holder's Date of Birth _____ Insurance ID _____

Policy Holder's Employer _____

Relationship of Patient to Policy Holder _____

Address of Insurance Company _____

Phone Number of Insurance Company _____

We do not bill secondary insurance but will be happy to provide you with necessary information so that you can complete your billing to them.

Email Address where statement should be sent _____

Physical Address where statement could be sent _____

Please explain why you are seeking professional help at this time:

Please explain any recent event/s that may contribute to present symptoms.

May we remind you by phone or email of upcoming appointments and let you know of openings when you need an appointment? _____

What email may we use for appointment reminders? _____

May we call you on your preferred phone number? _____

May we leave voice mail regarding appointments? _____

May we leave messages regarding your appointments with others who may answer your number?

Signature _____

Reminder e-mails and phone calls are a courtesy. At times, we may be unable to provide this service. Remember that you are ultimately responsible for your scheduled appointments.
