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 statements and notifications should be sent

_____

Physical Address where statements and notifications should 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.

_____

_____

Would you like us to remind you of scheduled appointments? _____
Would you like your reminder to be sent as email or text? Please provide the appropriate email or SMS. _____

Signature _____

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