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New Client Intake Form

Today's Date _____

Appt date/time _____

Patient's Name _____

Patient's Address _____

Patient's Phone #s: Home _____ Cell _____ Work _____

Patient's Date of Birth _____

Is Patient the insured? Y or N If No, who is the insured?

_____ Relationship to patient _____

DOB _____

Where does insured work? _____

Name of insurance company? _____

Insurance Co. Phone Number _____

Policy/Group Numbers _____

Authorization # and # of Sessions Approved

Effective Date _____

Deduct Y or N If Yes, how much? _____

Copay per session? _____

of sessions allowed per year/timeframe _____

Notes: