PLEASE RETURN TO:
Dr. Sarah Richie
4515 Poplar Avenue, Suite 400
Memphis, TN 38117

Ph: 901-737-6677, Fax: 901-758-5066

Memphis Neuropsychology, LLC

Today's Date:_____

Person completing form/relationship to patient:_____

_____

Intake Form

*****Patient or Responsible Party must provide insurance card at time of appointment so that it may be copied.**
*****If Legal Guardian – You must provide court documentation of guardianship before patient can be seen.**

Referring Provider _____ **Type/Specialty** _____ **Phone** _____

Referring Provider's Practice/Group Name:_____

Patient Information □ **NEW PATIENT** □ **ESTABLISHED PATIENT** **Date of Birth**:_____ **Age:** _____

Name:_____ □ **Male** □ **Female**
Last First Middle Nickname (if applicable)

Address_____**City**_____**State**_____**Zip**_____

Phone---Home:_____**Work**:_____**Cell/mobile**:_____ **Fax:**_____

SSN _____ **Patient's relationship to insured:**_____

Responsible Party Info (parent, legal guardian, etc.) if different from above **Relationship to Patient**_____

Name: _____**Date of Birth**: _____**Age:**_____
Last First Middle

SSN_____ □ **Male** □ **Female** **Email**_____

Address_____**City**_____**State**_____**Zip**_____

Phone---Home:_____**Work**:_____**Cell/mobile**:_____ **Fax:**_____

Primary Insurance for Patient (Payor 1) **Relationship to Patient**_____

Company_____**Insured**_____**Insured's Date of Birth**: _____

Policy#/Member ID_____**Group#**_____ **Ins. Phone**_____

Ins. Address (for claims)_____**City**_____**State**_____**Zip**_____

Secondary Insurance for Patient (Payor 2 – if applicable) **Relationship to Patient**_____

Company_____**Insured**_____**Insured's Date of Birth**: _____

Policy#/Member ID_____**Group#**_____ **Ins. Phone**_____

Ins. Address (for claims)_____**City**_____**State**_____**Zip**_____

May we leave a message on your home phone or cell/mobile phone? □ **Yes** □ **No** Preference?_____

May we email you regarding non-clinical information (e.g., appointment times, insurance questions, etc.)? □ **Yes** □ **No**

Preferred Email Address: _____

Notes/additional information you would like to share_____

_____