

Neuropsychology Service, P.A.
277 State Street Suite 2A, Bangor, ME 04401
Phone: 207-990-2580 Fax: 207-990-1930

INTAKE INFORMATION – ADULT

Provider: MM RGG LB

Date of intake _____ Taken by _____ Full Half **Appt. date** _____ Time _____

PATIENT NAME _____ **DOB** _____ **Age** _____ M F

Address _____

Phone (home) _____ Phone (work) _____ Phone (cell) _____

Employer _____ Position _____ Educ _____

Other pertinent pt info _____

REFERRAL INFORMATION

Referring person _____ of _____

Address _____

Phone _____ Fax _____

Referral question _____

Pertinent diagnoses / hx / complaints _____

Any prior evaluations? No Yes _____

Any litigation issues? No Not yet, but possible based on circumstances

Yes Specifics _____

⇒ Contact atty for referral and payment arrangements? Yes No (eval will be clinical only)

INSURANCE INFORMATION

Insurance Co _____ Phone _____

Name of insured _____ Insured's SSN _____ Rel'p to insured _____

Insured's ID # _____ Certificate/Group # _____

Insured's place of employment _____

Permission to contact insurance co. to verify coverage / eligibility for this eval? Yes

No Treat as self-pay ⇒ \$1500 down-payment due by first appt date, remainder due at FB

Secondary Insurance? Yes / No Details: _____

PCP _____ of _____

PCP address _____

PCP phone _____ PCP fax _____ NPI _____

OTHER PAYORS

Agency / Individual responsible for payment _____

Address _____

Phone _____ Fax _____

Specific rate / hours authorized _____

Authorized by _____ on (date) _____

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OTHER PROVIDERS / INVOLVED PARTIES

Guardian No Yes _____ Rel'p to pt _____

Address / Phone _____

Power of Atty No Yes, on paper only Yes, currently in effect Rel'p to pt _____

Address / Phone _____

Neurologist No Yes _____

Address / Phone _____

Psychiatrist No Yes _____

Address / Phone _____

Psychologist No Yes _____

Address / Phone _____

Social Worker No Yes _____

Address / Phone _____

Agencies No Yes _____

Address / Phone _____

Address / Phone _____

Attorney No Yes _____

Address / Phone _____

Hospitals treated at: _____

OTHER INFO OR COMMENTS
