

Solutions of Heart & Mind, PLLC
Kendra Lee- Martin, LPC-S, SAP

Intake Form

Client Demographics

Last Name: _____ First Name _____ Middle _____
Date of Birth: ____/____/____ Age: ____ Sex: M F SSN: ____-____-____
Address: _____ City _____ St _____ Zip _____
Phone Number _____ Email _____
Emergency Contact Name: _____ Relationship _____
Emergency Contact Number: _____

If client is a minor

Guardians name: _____
DOB: _____ SSN: _____ Phone: _____
Address: _____

Insurance/ Billing Information

Policy Holder: _____ ID #: _____
Insurance Company: _____ Group#: _____
Employer: _____ Phone: _____

Credit Card #: _____ Exp. Date: _____
Name on Credit Card: _____ CCV: _____

I, the undersigned, certify that the information above is true. I or my dependent will be making payment in cash/check/credit card payable to Solutions of Heart & Mind, PLLC. Payment is due at the time services are rendered. I understand that I am financially responsible for all charges. If paying by insurance I hereby authorize Solutions of Heart & Mind, PLLC/ Kendra Lee- Martin, LPC-S to release all information necessary to secure the payment of benefits. I furthermore authorize the use of this signature on all insurance submissions. In the event there is a late cancellation or no-show, I understand my credit card will be charged a \$50 fee.

Signature _____ Date _____