Indiana Professional Psychological Services
6408 Constitution Drive
Fort Wayne, Indiana 46804
(260) 469-0090 Office (260) 469-0091 Fax

PATIENT INFORMATION

(***Please Print Clearly***)

Patient Name: _____ Gender: ☐ Male ☐ Female

Address: _____
Street City State Zip Code

Phone / Contact Information	Permission to Contact/Leave Message?
Home ( ) -	☐ Yes ☐ No Initials:
Work ( ) -	☐ Yes ☐ No Initials:
Cell ( ) -	☐ Yes ☐ No Initials:
Email:	☐ Yes ☐ No Initials:

Patient Social Security #: _____-_____-_____ Patient Employer: _____

Patient Date of Birth: _____ / _____ / _____ Patient Age: _____

Patient Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Partner ☐ Separated ☐ Widowed

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Insured's Name: _____ Insured's Date of Birth: _____ / _____ / _____
(If Different From Above)

Insured's Address: _____
Street / Box Number City State Zip Code

Insured's Employer: _____ Insured Social Security #: _____ - _____ - _____

Primary Care Physician: _____ Permission to Contact? ☐ Yes ☐ No

Psychiatrist: _____ Permission to Contact? ☐ Yes ☐ No

Other Prescribing Physician/ NP _____ Permission to Contact? ☐ Yes ☐ No

Emergency Contact: _____ (_____)_____
Name Phone Including Area Code

Please Present Insurance Card: Without Complete Information / Authorization #'s, Entire Cost of Initial Assessment is Due at Time of Service

Signature: _____ Date: _____
Patient or Legal Guardian

Witness: _____ Date: _____
IPPS Employee