

PATIENT INTAKE

Patient Name
Address City
State
Zip Code
Home Phone
Cell Phone
Parent Name
Parent DOB
Email
Address
Problem

DOB

Gender

Referred By

Type of service
Requested
(check one):

Neuropsychological Testing

Neurofeedback

Psychotherapy

Primary Insurance Information

Insurance
Policy /ID Number
Group Number

Policyholder

Policyholder DOB

Save your results as a PDF and
Email to: Lorrie@drlaurajansons.com

Testing

16 Years and Over 2-3 Hour Blocks or 16 Hour Block

8 To 15 Years 2- 3 Hour Blocks

4 To 7 Years or older patient, 3-2 Hour Blocks

Follow Up: 2 Weeks After Testing