Client Intake Form
Jeanne M. Morris-Foley, N.P. Psychiatry P.C.

Last Name	First Name		MI
Address	City/State		Zip Code
Date of Birth		Social Security #	
Gender (circle one): Male Female		Marital Status:	
Home Phone #	Work Phone #		Cell Phone #
Email:			
Referred By:			
Insurance Co. Name	Insurance Co. Address		Insurance Co. #
Policy ID #	Group #	Group Name	Eff. Date
Subscriber Name:	Subscriber DOB:	Subscriber SS #	
Relationship to Subscriber:			

PAYMENT METHODS		**FEE**
☐	VENMO	2.99% plus .10 cents
☐	ZELLE	Free
☐	PAY PAL	Free
☐	APPLE PAY	Free
☐	CASH APP	Free
☐	CREDIT CARD	3.5% plus .15 cents
☐	CHECK	Free