



Individual, Couple & Family Psychotherapy

Serving Belle Plaine, Burnsville, Cologne, Eden Prairie, Glencoe & Wayzata

925 12th St E, Ste 101; Glencoe, MN 55336
320.864.6139 | 952.361.9700 | fax: 320.864.6130

www.thejonascenter.com

Initial Appointment Information

Date: _____ Therapist: _____

Client: _____
Last Name First Name Middle Initial Birthdate

Address: _____
Street City State Zip Code

Insured (If different from Client): _____
Last Name First Name Middle Initial Birthdate

Address (If different from Client): _____
Street City State Zip Code

SS# of Client or Insured: _____ Employer/School: _____

Phone: _____ / _____ / _____ Email: _____
Home Work Cell

How did you hear about The Jonas Center? Doctor Referral (MD) Therapist Referral Friend/Family
Online Ad Google Search Psychology Today Newspaper Ad Other: _____

Insurance Information

Insurance Company Name: _____

Identification Number: _____ Group Number: _____

Secondary Insurance (If applicable): _____

Identification Number: _____ Group Number: _____

Consent for Release Of Private Information

I authorize The Jonas Center to release any medical or other information necessary to process my insurance claims.

I authorize payment of medical benefits to The Jonas Center for the services provided. I also request payment of government benefits to The Jonas Center (if applicable).

I understand that access to my information will be limited to persons who need the information to process claims.

I understand that I may revoke this CONSENT with written notice at any time and that this CONSENT automatically expires one year from the date it is signed.

CLIENT/GUARDIAN SIGNATURE: _____ DATE: _____

OTHER ADULT SIGNATURES: _____ DATE: _____

THERAPIST SIGNATURE: _____ DATE: _____

