

*Welcome*  
**Contact Information**

Name \_\_\_\_\_ (DOB/Age) \_\_\_\_\_

Child's name (if applicable) \_\_\_\_\_ (DOB/Age) \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Insurance Information (if applicable)**

Name of policyholder \_\_\_\_\_ (DOB) \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

\_\_\_\_\_

Phone Numbers / Email \_\_\_\_\_

Employer & Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**Who can we thank for the referral and / or how did you hear about Alaska Neurofeedback?**

\_\_\_\_\_

**Primary Concerns or Issues:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Questions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_