

# New Patient Referral/Intake Request

Today's date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Responsible party (for minors): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Home Ok to leave message? Y N

Email address: \_\_\_\_\_ Ok to reply by email? Y N

\*\*Replies by email will come from [info@DrRinker.com](mailto:info@DrRinker.com) and may go to your junk/spam folder.\*\*

Primary Insurance Carrier/Company: \_\_\_\_\_

Secondary Insurance Carrier/Company: \_\_\_\_\_

Are you planning to use your insurance benefits to pay for care? \_\_\_\_\_

\*\*Please note that we are currently in-network with Blue Cross Blue Shield and HealthPartners.\*\*

Current/previous therapist: \_\_\_\_\_

Current/previous prescribing provider: \_\_\_\_\_

Please describe in detail the reason you're requesting an appointment: