

Laura M. Lentz, LIMHP
17940 Welch Plaza #106
Omaha, NE 68135
402-881-0872

NEW PATIENT INFORMATION PACKET

I thank you in advance for taking the time to fill out the following as completely as possible.

PATIENT'S INFORMATION

First Name: _____ M.I. _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Marital Status: M ___ S ___ O ___

Primary Phone: _____ Work/Cell/Other OK to text as reminders? _____

Secondary Phone: _____

E-mail address: _____ Names and DOB of children: _____

Social Security: _____ Birthdate: _____ Sex (M/F) _____

Employed (Y/N) _____ Employer / School: _____

Name of Spouse: _____ DOB of spouse: _____ Employer: _____

Emergency Contact Name/Address/Number _____

PRIMARY INSURANCE POLICY HOLDER OR RESPONSIBLE PARTY INFORMATION

(The person who is the insurance holder or who the statement is sent to if different from above)

First Name: _____ M.I. _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Marital Status: M ___ S ___ O ___

Home Phone: _____ Work/Cell/Other Phone: _____

Social Security: _____ Birthdate: _____ Sex (M/F) _____

Employed (Y/N) _____ Employer / School: _____

Please take a few moments to answer the following questions:

- How did you hear of Laura Lentz?

- Were you referred directly by another doctor, your benefit plan, or an EAP? Please describe.

- Primary reason for being here: () family () work () depression () alcohol/drug () anxiety
() other _____
- Have you ever been treated by a psychiatrist? If so, please provide name : _____
- Dates and names of previous treatment providers: _____

