

Lauri L. Korinek, Ph.D., LLC, PC
Licensed Psychologist, Neuropsychologist

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Date _____

Name _____ Birth Date ____ / ____ / ____

Address _____

City, State, and Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Other Phone #'s _____

Referred by _____

Occupation _____ Employer _____

School _____ Current Grade _____

Relationship Status _____

In Case of Emergency Contact _____

Their Home Phone _____ Work/Cell Phone _____

Name of Your Physician _____ Phone _____

Insurance Company _____

Please List Your Current Medications (Include alternative treatments) _____

What do you hope to accomplish in therapy? _____

Consent to email or Text Usage for Appointment Reminders and Other Healthcare Communications:

I give my psychologist permission to enter my name and phone number in her password protected phone, and to use her phone calendar to schedule my appointments. I understand that confidentiality cannot be guaranteed through the internet or text messaging and any engagement in such forms of communication, I take at my own risk.

Client may be contacted via email and/or text messaging to remind you of an appointment, reschedule an appointment, and to provide general health reminders or information. I understand that once I have consented to receive communication via text or email, I still have the right to revoke that consent at any time.

If at any time I provide an email or text address at which I may be contacted, I consent to receiving appointment reminders and other healthcare communications at that email or text address from Dr. Korinek. These reminders may come either directly from a phone, or via online appointment scheduling and reminder software. While there is no charge for this service, standard text messaging and data rates may apply as provided in your wireless plan.

_____ (Initials) I consent to receive text and voice messages from Dr. Lauri Korinek on my cell phone and any number forwarded or transferred to that number, and to receive emails messages providing communication as stated above. I understand that this request to receive emails, and text and voice messages will apply to all future appointment reminders/health information unless I request a change in writing.

The cell phone number that I authorize to receive text or voice messages for appointment reminders and general health information is_____.

The email that I authorize to receive email messages for appointment reminders and general health information is_____.

Signature of Client/Guardian

Date

Printed Name of Client/Guardian