Amy R Indermuehle, PsyD
Licensed Psychologist

Date: _____

Name: _____ Date of Birth: _____

Address: _____

_____

Dr. Indermuehle may send mail to my home address ☐ Yes ☐ No

Home Phone: _____

Dr. Indermuehle may leave a message on my home phone ☐ Yes ☐ No

Cell Phone: _____

Dr. Indermuehle may leave a message on my cell phone ☐ Yes ☐ No

Employment Information

Employer _____ Position _____

Insurance Information

Name of insured _____ Date of birth of insured _____

Employer _____

Emergency Contact Information

Name _____ Relation _____

Phone Number _____