peoplefirst CLINIC, PLLC

652 Bielenberg Dr, Suite 202
Woodbury, MN 55125-4480

Phone: (651) 317-3902
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info@peoplefirstmn.com

New Patient Intake

Welcome to PeopleFirst! This short form helps us match you with the right care. Everyone fills this out, whether you're coming for medication management, therapy, or both. Tebra will also ask for your contact, insurance, medication, and health history on separate pages.

Questions, or need help or an interpreter? Email our business office at info@peoplefirstmn.com.

Checklist: required before your first appointment

- ☐ New Patient Intake (this form)
- ☐ Consent Form (signed)
- ☐ Financial Policy (signed)
- ☐ Insurance information in the patient portal (front and back of your card), or let us know you are self-pay
- ☐ Card on file in the patient portal (or an approved waiver or prepaid deposit)
- ☐ Therapy patients: Therapy Pre-Assessment Questionnaire
- ☐ Self-pay patients: review your Good Faith Estimate

How new appointments work: Request your appointment through Tebra (our online scheduling or patient portal). Your request is approved only after your consent paperwork is complete. Everything on this checklist must be done in full, with a card on file and your insurance information, at least 3 business days before your appointment. If it isn't, the appointment will be canceled so it can be released to someone on the waitlist.

About you

Legal first name		**Legal last name**	
Chosen / preferred name		**Date of birth**	
Your pronouns	☐ She/her ☐ He/him ☐ They/them	**If other, please share your pronouns**	

1. What brings you to PeopleFirst?

In your own words, what would you like help with?

2. Services you are interested in (check all that apply)

Medication management (check any that apply)

- ☐ Medication management (Tim Tienter or Kim De Paulo)
- ☐ Integrative psychiatry (Kim De Paulo)

Therapy (check any that apply)

- ☐ Child therapy (ages 5 to 12)
- ☐ Teen therapy (ages 13 to 17)
- ☐ Adult therapy (18 and older)
- ☐ Family therapy (with child present)
- ☐ Couples therapy

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☐ Parent coaching

☐ I'm not sure yet. Please help me decide.

If you checked any therapy service, we'll also send you a short Therapy Pre-Assessment Questionnaire.

3. Pharmacy and lab

Pharmacy name and location	
Preferred lab name and location (for any blood work)	

4. How should we reach you?

Best way to reach you: ☐ Phone call ☐ Text message ☐ Email

Need an interpreter or any accommodation? Tell us here and we'll arrange it at no cost to you.

Filling out a paper or PDF copy? Please return it to info@peoplefirstmn.com.