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New Client Information Form

Date: _____

Client #1:

Name (first, middle, last) _____

Date of birth: _____ Social Security #: _____

Address _____

City _____ State _____ Zip _____ Email: _____

Phone (Cell) _____ (Work) _____ (Home) _____

Is it ok if we leave you a voice mail? YES or NO? If so, which phone is it ok to leave a message at? _____

Would you like to receive a **Text Message** reminding you of your appointment time? YES? NO? Who is your Carrier? _____

Please list the first and last names of individuals with whom we may leave a message with if someone else answers this phone: _____

Marital Status: _____ Single _____ Married _____ SO/Fiance' _____ Divorced _____ Widowed _____ Separated

Client #2 (Spouse/Significant Other if receiving couples therapy):

Name (first, middle, last) _____

Date of birth: _____ Social Security #: _____

Address _____

City _____ State _____ Zip _____ Email: _____

Phone (Cell) _____ (Work) _____ (Home) _____

Is it ok if we leave you a voice mail? YES or NO? If so, which phone is it ok to leave a message at? _____

Would you like to receive a **Text Message** reminding you of your appointment time? YES? NO? Who is your Carrier? _____

Please list the first and last names of individuals with whom we may leave a message with if someone else answers this phone: _____

Insurance Information

Leave blank if we obtain a copy of your card(s)

Client #1

Client #2

Insurance Company: _____

Policy Number: _____

Group Number: _____

Phone Number: _____

Address to Mail Claims: _____

Name of Policyholder: _____

DOB of Policyholder: _____

EAP Authorization # _____

Emergency Notification

Name (first, middle, last) _____

Address _____ City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

Responsible Party

Provide the following information on the person responsible for payment of the Client's bill, if different from Client or policy holder.

Name (first, middle, last) _____

Date of birth: _____ Social Security #: _____

Address _____ City _____ State _____ Zip _____

Phone (Cell) _____ (Work) _____ (Home) _____