Jan Dice & Associates PLLC
Jan D. Dice, M.Ed., M.A.
Licensed Professional Counselor
15443 Knoll Trail Dr., Suite 210
Dallas, TX 75248
Jan@JanDiceLPC.com

License #15564 972-893-9087

NEW CLIENT INFORMATION FORM

DATE: _____

NAME: _____
Last First Middle

PHONE: _____ _____ _____
Home Work Cell

SEX: _____ DOB: _____ MARITAL STATUS: _____

ADDRESS: _____

EMAIL ADDRESS: _____

EMPLOYER: _____ PHONE: _____

STUDENT STATUS: _____ SCHOOL: _____

EMERGENCY NAME: _____ PHONE: _____

EMERGENCY ADDRESS: _____

MEDICATIONS: _____

_____

PHYSICIAN NAME: _____ PHONE: _____

PHYSICIAN ADDRESS: _____

REFERRAL SOURCE: _____

I authorize the release of any medical information necessary to process an insurance claim for services rendered by the above-named provider.

Signed: _____ Date: _____