

D. BRENT DAWSON COUNSELING AND MENTAL HEALTH

700 Central Expressway S. Suite 400 ~ Allen, TX 75013 ~ 214-687-8070

Today's Date:		Therapist:	
CLIENT INFORMATION			
First Name:		Last Name:	M.I.:
Street Address:		Apt #:	City: State:
Zip Code:		Other Information:	
Email:			
Home Phone:	Permission to leave Message	Yes	No
Cell Phone:	Permission to leave Message	Yes	No
Work Phone:	Permission to leave Message	Yes	No
Medical Information			
Primary Care Physician:		Gynecologist:	
Are you taking any Medication at this time? If so, please list			
Family Information			
Marital Status:			
Spouse's Name:		Years Married:	
Spouse's Age:		Spouse's Place of Employment:	
Children's Names:		Ages:	

D. BRENT DAWSON COUNSELING AND MENTAL HEALTH

700 Central Expressway S. Suite 400 ~ Allen, TX 75013 ~ 214-687-8070

Insurance Information			
___ Check here and skip this section if you are a private pay client or if D. Brent Dawson Counseling and Mental Health will not be filing insurance claims or billing another company or agency on your behalf.			
Person Responsible For Bill:		Birth Date:	Address (if different):
Email:			
Home Phone:			
Cell Phone:			
Insurance Company:			
Subscriber Name:			Subscriber DOB:
ID#:		Group #:	
Insurance Co. Phone:			