From the Office of

Kranz Psychological Services, PLLC

1125 Judson Rd, Ste 150 • Longview, TX • 75601

Office: (903) 200-1433 Fax: (903) 405-4047

NEW CLIENT INFORMATION SHEET

This questionnaire is designed to assist with your care. As with all other information, this is CONFIDENTIAL.

DATE: _______________

NAME OF CLIENT: ____ DOB: _____________ AGE:_______

GENDER: ☐ Male ☐ Female ☐ ___________ ARE YOU ACTIVE DUTY OR A VETERAN: ☐ Yes ☐ No

LOCAL ADDRESS:

____

(Number and Street) City) (State) (Zip)

CLIENT PHONE:

(H) ____ May we leave a message? ☐ Yes ☐ No

(C) ____ May we leave a message? ☐ Yes ☐ No

(W) ____ May we leave a message? ☐ Yes ☐ No

E-MAIL: ___________________________________ May we email you? ☐ Yes ☐ No

IF A **MINOR**, NAME OF PARENT/LEGAL GUARDIAN:____

RELATIONSHIP: ____ DOB: _____________

REFERRAL SOURCE/PREFERRED COUNSELOR:____

ARE YOU SEEKING: ☐ Counseling ☐ Psychological Evaluation

INSURANCE INFORMATION (*Please provide a copy of your insurance card)*:

Policy Holder's Name:_________________________________ Policy Holder's Date of Birth:_______________

Billing address

____

(Number and Street) (City) (State) (Zip)

Please describe the issues that you would like to address. If you are seeking counseling, please note what you would like to achieve:

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Signature of Client/Parent/Guardian (Date)