

**Ann-Marie Bowen, M.A., L.P.C.**

**2800 North Dallas Parkway, Suite 120**

**Plano, Texas 75093**

**214-282-3041 abowencounseling@gmail.com**

**New Client Information**

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City, Zip Code \_\_\_\_\_  
Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Please check all that apply, read below, and sign:

**I authorize that messages may be left for me or calls may be returned to my:**

Home phone \_\_\_ Cell phone \_\_\_ Work phone \_\_\_ Other person answering my phone numbers \_\_\_ Email \_\_\_ Text \_\_\_

**I authorize that I may receive written communication to my:**

Email \_\_\_ Home address \_\_\_ Text \_\_\_

**I acknowledge that Ann-Marie Bowen, LPC, may use email, fax, and cellular phone as a means of communication and cannot absolutely guarantee the security of these forms of communication.**

Client or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Student: Yes No School: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_ at this number \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**I give permission for Ann-Marie Bowen, LPC, to contact my emergency contact person and/or Primary Care Physician as is necessary.**

Client or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I acknowledge that I have been offered a copy of the Notice of Privacy Practice (available at [www.bowencounseling.com](http://www.bowencounseling.com)).**

Client or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financially Responsible Person:

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Guarantor Agreement:

**I certify that the above information is true and correct. I agree to take full responsibility for the entire amount due for any and all services rendered by Ann-Marie Bowen, LPC.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_