

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

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 _____ Fax _____

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).

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: _____