

From the Office of
Kranz Psychological Services, PLLC
3118 H G Mosley Pkwy • Longview, TX • 75605
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

E-MAIL: _____ May we email you? Yes No

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

RELATIONSHIP: _____ DOB: _____

If parents are divorced or separated, please fill out this section:

Who has custody: _____

Are there any legal restrictions that would restrict the non-custodial parent from consenting to treatment for the child or from obtaining information about the child's treatment? Yes No

If yes, please explain and provide a copy of any legal paperwork that supports this restriction:

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: _____

Policy Holder's 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:

Signature of Client/Parent/Guardian (Date)