



Terri L. Gonzales, Ph.d, LPC
Preston Place Counseling
12700 Preston Road, Suite 150
Dallas TX 75230
(214) 702-6572

CLIENT INFORMATION

DATE: _____

Name _____ Date of Birth _____

Address _____

Telephone:Hm. _____ Wk. _____ C. _____

Marital Status _____ Email _____

Children (Names and ages) _____

Who referred you? _____

Previous Counseling Experience (When and where) _____

Why did you seek counseling? _____

How would you describe your physical health? _____

List all current medications you are taking and dosages _____

In case of an emergency notify:

Name: _____

Address: _____

Phone: Hm. _____ Wk. _____ C. _____

Relationship: _____

Credit Policy

Charges for services are due and payable at the time of your visit. For your convenience we do accept Mastercard, Visa, Discover, and American Express. Missed appointments or cancellations made less than 24 hours in advance will be charged at the regular session rate. If for some reason you are unable to pay the full charge at your visit, we will work with you to make satisfactory arrangements.