

HAROLD D. DUNCAN, PH.D.

Licensed Professional Counselor
Licensed Marriage and Family Therapist
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(972) 233-9199

CLIENT INFORMATION

DATE: _____

NAME _____ DATE OF BIRTH _____

ADDRESS _____

Street

City

State

Zip

TELEPHONE _____

Home

Work

Cell

PRESENT MARITAL STATUS _____ EMAIL _____

CHILDREN (Names and Dates of Birth) _____

WHO WERE YOU REFERRED BY? _____

ARE YOU NOW OR HAVE YOU EVER BEEN IN COUNSELING? _____

IS YOUR PHYSICAL HEALTH: _____ Excellent
_____ Good
_____ Fair
_____ Poor

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? _____
(If yes, specify the names and dosages of medications)

EMERGENCY INFORMATION:
Name of Person to Notify: _____

Address: _____

Phone: _____
Home Work

Person's Relationship to You: _____

CREDIT POLICY OF OFFICE

Charges for services rendered are due and payable at the time of your visit. Please note that for your convenience we accept Mastercard, Visa, Discover and American Express cards.

If for some reason you are unable to pay the full charge at your visit, we will work with you to make satisfactory arrangements.