Valerie Kuykendall-Rogers Ascent Psychotherapy Center 3880 Greenhouse Rd. Ste 412 & 418
832-418-2479 (phone) 888-462-7208 (fax) Houston, TX 77084

# DEMOGRAPHIC INFORMATION FORM

Please fill it out as completely as you can. All information will be held in strict confidence.

Date: _____

## CLIENT INFORMATION:

Name: _____ DOB: ____/____ /____ Age: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____Work Phone: _____ Cell: _____

Sex: ❒M ❒ F Marital Status: ❒ M ❒ S ❒ W ❒ D❒

E-mail: _____

Reason for visit: ❒Individual ❒Couples ❒Family-Problems to Address:

Referred by: _____

Insurance Name: _____

Group #: _____ ID #:_____

## RESPONSIBLE PARTY INFORMATION:

Name: _____

E-mail: _____

Relationship to patient: ❒Self ❒Spouse ❒Other (please indicate):_____

Address: _____ City: _____ Zip: _____

Home Phone: _____Work Phone: _____ Cell: _____

***Legal Guardian if patient is a minor: _____**

**Signature gives consent to treat**

**1. I, the undersigned, accept financial responsibility for payment of all fees at the time of visit.**

_____ _____

Patient's (or responsible party) Signature Date