

Pearland Place

A Place to be Heard

Bob Paluszak, MS LPC

New Client Profile

Please complete the following as accurately and as completely as possible. Social Security number is required only if you are filling with insurance.

Today's Date: _____

Name: _____

Date of Birth: _____

Home Address: _____

City, State Zip Code: _____

Mailing Address (If Different): _____

City, State, Zip Code: _____

Home Phone: _____ OK to leave a message? Yes No

Work Phone: _____ OK to leave a message? Yes No

Cell Phone: _____ OK to leave a message? Yes No

Employer: _____

Occupation/ Job Title: _____

Insurance Company: _____

Insurance Phone: _____

Subscriber ID: _____

Group Number: _____

Name of Insured: _____

Relationship to Insured: _____

Social Security Number: _____

In case of Emergency Contact:

Name: _____

Home Phone Number _____

Relationship: _____

How did you hear about my practice? _____

Bob Paluszak, MS LPC, 2006 East Broadway Street Suit 102A, Pearland, Texas 77581

281-222-4326

www.pearlandplace.com