

INTAKE FORM

WELCOME TO OUR OFFICE

COACHING FOR
EMOTIONAL INTELLIGENCE, PLLC

12820 Hillcrest #107
Dallas, Texas 75230

Thank you for choosing our office.
In order to serve you properly we will need the following
information. All information will be strictly confidential.

Client's Name:----- Birthdate:-----
Address:-----City-----ZIP-----
Phone(Home):----- (Cell):-----
E-Mail:-----
SS#:-----Driver's license:-----
Name of employer:-----Occupation:-----
Employer's address:-----
Name of spouse:-----Age:-----Children:-----
Spouse's employer:-----Co. Phone:-----
Health Insurance Company:-----
Name of Insured:-----Birthdate:-----
Policy number:-----Company phone:-----
who referred you?:-----Phone:-----
Name and phone of family doctor:-----

CONSENT TO TREATMENT: I (we) hereby authorize Dr. Nazempoor and his staff to provide services for the care of myself and/or my family as may be deemed necessary for our best interests. I understand that there will be a charge when I miss a scheduled appointment without notifying Dr. Nazempoor at least twenty-four hours ahead of time. I authorize this office to release any information necessary to expedite insurance claims. I understand that I am responsible for all charges, regardless of insurance coverage.

Your Signature-----Date-----