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Patient Information Sheet

Date of call _____ Appointment _____

Name _____ Date of Birth _____ Age _____

Social Security # _____ Occupation _____

Level of Education _____ Marital Status _____ Gender _____

Address _____ City _____, TX Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Is it OK to leave messages on voice mail or with family member/roommate? yes no

Is it OK to mail correspondence to above address? yes no

In case of an emergency, I give Dr. Sims permission to contact _____ at

Phone number: _____.

Insurance Company _____ HMO PPO EAP POS

Subscriber Name _____ Policy # _____

Group or Plan Number _____ Employer _____

Subscriber: full time part time

Benefits/Eligibility/Member Services Phone _____

Precertification Phone _____

Address to Mail Claims _____

Is patient a student? ____ If yes, is he/she enrolled full time or part time? _____

Parent information if client is minor:

Parent/Legal Guardian Name _____

Address _____

Home Phone _____ Work Phone _____

Occupation _____ Education level _____

2nd Insurance Company _____ HMO PPO EAP POS

Subscriber Name _____ Policy # _____

Group or Plan Number _____ Employer _____

Benefits/Eligibility/Member Services Phone _____

Precertification Phone _____

Address to Mail Claims _____

OFFICE USE ONLY:

Referred by _____

Authorization _____

Auth end date ____/____/____

sessions: _____

Spoke to _____

____/____/____ @ _____

Benefits:

Ded _____ % paid of contract _____

Copay _____

benefit max _____

SMI _____ Group _____

Effective date ____/____/____ exclusions _____

Spoke to _____ date: ____/____/____ @ _____