Carol Pierce-Davis, Ph.D.
Psychologist

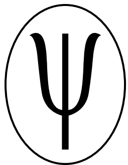
National Register of Health Service Providers

Texas Health Service Provider

Board Certified Diplomate Fellow Psychopharmacology

Board Certified Diplomate Fellow Serious Mental Illness

Board Certified Medical Psychologist



4131 Spicewood Springs Road
Suite K6
Austin, TX 78759

Phone: 512-413-3025
Fax: 800-420-4784

drcpiercedavis@gmail.com

www.carolpiercedavisphd.com

CLIENT INFORMATION

Date ______________________

Referred by ________________

PATIENT:
Name___________________________________Marital Status _______________

SS#_____________________Gender_______DOB_______________Age_________

Current Address ____

City, State, Zip____

Telephone (mob)________________Email Address___________________________

SPOUSE:
Name__________________________________DOB___________________________

SS#_________________________________Employer_________________________

PHYSCIAN_________________________Telephone_________________________

IN CASE OF EMERGENCY, NOTIFY____________________________________

Telephone ______________________________Relationship____________________

INSURANCE INFORMATION

Name of Insurance Company____
(Be sure to provide doctor with Insurance card and drivers license)

Policy-holder's Name ______________________________DOB________________

Policy-holder's SS Number or Insurance ID Number__________________________

I authorize the release of information necessary to process my insurance claim.

Signature______________________________Date__________________________

I authorize insurance payments to the provider.
Signature____Date__________________

FOR OFFICE USE ONLY: INITIAL/PROVISIONAL DIAGNOSIS________________