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

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Contact Information Form

(Screening services are not reimbursable through insurance or EAP programs.)

Date _____

Your Name_____DOB_____

Marital Status _____

Age_____ Telephone (mob)_____

Email_____

Employer_____

Name of Spouse/Partner/Significant Other_____

DOB_____Age_____Telephone (mob)_____

Email_____

Employer_____

Home Address_____

City, State, Zip_____

Dr. Pierce-Davis has informed me that Screenings for medical procedures are not reimbursable through insurance companies.

Signature_____

Signature_____

Physician who referred you _____

Medical Group/Address _____

Nurse Coordinator/email contact_____

Anticipated Procedure _____

Agency (if applicable) _____

Agency Contact Person (if applicable) _____