Stefanie A. Gray, Ph.D., PLLC
Licensed Psychologist

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(210)966-8959 (fax)

Client Information

(Please Print)

Date: _____
Client Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____
Cell Phone: _____
Date of Birth: _____ Age: _____ Sex: _____
Marital Status: _____ Education Level: _____
Social Security Number: ____-____-_____

Occupation: _____ Employer: _____
Work Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone: _____

Primary Insurance Company: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Insured's ID#: _____ Group #: _____
Group Name: _____

Secondary Insurance Company: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Insured's ID#: _____ Group #: _____
Group Name: _____

Responsible Party Information (Person to be billed):
Name: _____ Relationship to Client: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____
Date of Birth: _____ Sex: _____ SS# _____-_____-_____
Driver's License #: _____ State: _____

Primary Care Physician: _____ Phone: _____
Referring Physician: _____ Phone: _____