

CARL W. PEARCE, MA, LPC, LMFT
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REGISTRATION

DATE _____

NAME _____

ADDRESS _____ LAST NAME FIRST NAME MIDDLE

CITY _____ STATE _____ ZIP CODE _____

SEX _____ MALE _____ FEMALE _____ AGE _____ BIRTHDATE _____ SOCIAL SECURITY # _____

MARRIED _____ SINGLE _____ SEPARATED _____ DIVORCED _____ CHILD _____

EDUCATION (PLEASE INDICATE HIGHEST GRADE COMPLETED OR DEGREE) _____

EMPLOYED BY _____ OCCUPATION _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____ HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

SPOUSE _____ BIRTHDATE _____

BUSINESS NAME _____ ADDRESS _____

OCCUPATION _____ BUSINESS PHONE _____

PERSON FINANCIALLY RESPONSIBLE AND RELATIONSHIP _____

PHONE _____

LIST NAMES OF YOUR CHILDREN/STEPCHILDREN _____ AGE _____ LIVE WITH YOU?

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

INSURANCE INFORMATION

INSURED NAME _____ SOCIAL SECURITY # _____ BIRTHDATE _____

INSURANCE COMPANY _____ PHONE _____

INSURANCE ADDRESS _____

GROUP # _____ ID # _____ AUTHORIZATION# _____

EMPLOYEE ASSISTANT PROGRAM (EAP)

INSURED NAME _____ SOCIAL SECURITY# _____ BIRTHDATE _____

EAP COMPANY _____ PHONE _____

AUTHORIZATION # _____ NUMBER OF EAP SESSIONS ALLOWED _____

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DO YOU USE ALCOHOL? YES _____ NO _____ HOW OFTEN? _____

HOW MUCH? _____ HAVE YOU EXPERIENCED PERSONAL OR WORK
PROBLEMS BECAUSE OF DRINKING? _____

HAS ANYONE EVER EXPRESSED CONCERN ABOUT YOUR DRINKING? _____

DO YOU USE ILLEGAL DRUGS? YES _____ NO _____ WHAT SPECIFICALLY? _____

_____ HOW OFTEN? _____

HAVE YOU HAD ANY LEGAL PROBLEMS RELATED TO DRUG OR ALCOHOL USE? YES _____ NO _____

IF YES, EXPLAIN _____

IS THERE A FAMILY HISTORY OF: (CHECK ALL THOSE THAT APPLY)

____ ALCOHOL ABUSE IF SO, WHO? _____

____ DRUG ABUSE IF SO, WHO? _____

____ DEPRESSION IF SO, WHO? _____

____ BIPOLAR DISORDER IF SO, WHO? _____

____ OTHER MENTAL HEALTH PROBLEMS IF SO WHO? _____

DO YOU HAVE ANY CHRONIC PHYSICAL PROBLEMS? IF SO, PLEASE EXPLAIN _____

WHO IS YOUR PRIMARY CARE PHYSICIAN? _____ PHONE _____

WHO IS YOUR PSYCHIATRIST? _____ PHONE _____

ARE YOU PARENTS LIVING? ____ YES ____ NO

HOW WOULD YOU DESCRIBE YOUR RELATIONSHIP WITH YOUR MOTHER? _____

HOW WOULD YOU DESCRIBE YOUR RELATIONSHIP WITH YOUR FATHER? _____

HOW MANY SIBLINGS? _____ BROTHERS _____ SISTERS _____

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