Deann M. Gattis, Ph.D.
Deann M. Gattis Psychological Services, PLLC
2300 McKown Drive, Norman, OK 73072-6678
Phone: (405) 321-3600 Fax: (405) 321-3612

NEW CLIENT INFORMATION FORM

Date of First Appointment: _____

Client Name: _____ Client DOB: _____
Client Address: _____ Client Gender: M ☐ F ☐
City: _____ State: _____ Zip Code: _____
Contact Phone Numbers: (h) _____ (cell) _____ (w) _____
Who referred you to my office? _____
List the main reason for seeking services at my office: _____

Please complete the following information if the client is a minor:

Legal Guardian Name(s) _____ Relationship to child: _____
Guardian Address: _____
City: _____ State: _____ Zip Code: _____
Phone Numbers: (h) (cell) (w)

If parents are separated or divorced or you are not the parent, please provide the name of the other parent or legal guardians not listed above and their contact information:

Other Parent/Guardian Name _____ Relationship to child: _____
Other Parent/Guardian Address: _____
Other City: _____ State: _____ Zip Code: _____
Other Phone Numbers: (h) (cell) (w)

All clients must complete the following information:

Please indicate your preferred contact phone number or if you prefer another method of communication:

Please indicate if you do not want our office to leave messages for you on your voicemail (e.g. reminder calls, cancellations, etc.): _____
Primary Insurance Name: _____ Insured DOB: _____
ID/Policy Number: _____ Insurance Phone #: _____
Group Number of Policy: _____

Policyholder Name: _____ DOB: _____
Policyholder's Relationship to Client: _____
Policyholder's Address: _____
City: State: Zip Code:

If you have 2 insurance policies, please complete the following information:

Secondary Insurance Name: _____ Insured DOB: _____
ID/Policy Number: _____ Insurance Phone #: _____
Group Number of Policy: _____
Policyholder Name: _____ DOB: _____
Policyholder's Relationship to Client: _____
Policyholder's Address: _____
City: _____ State: _____ Zip Code: _____