

DENNIS THOENNES, Ph.D., ABPP

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CLIENT INFORMATION

INSTRUCTIONS: Please complete each of the following questions accurately and completely. This information will help me serve you more knowledgably and efficiently. The Office Policy regarding confidentiality applies to this information, unless a different understanding has been agreed upon, written and signed by each of us.

Today's Date _____

Name: _____

Address _____
Street City Zip

Phone(home) _____ (work) _____

Email _____ Fax _____ Cell _____

Employer _____ Position _____

Dates of Employment _____ Previous Employer _____

SSN _____ Birthdate _____ Age _____

Health Insurance _____ ID # _____

Group ID # _____

Have you contacted the insurance co. regarding coverage for this service? Y/N _____

If you have not yet done so contact them prior to your first appointment to clarify coverage.

What is your coverage for mental health care? _____

If you do not have this information at the time of your first session with Dr. Thoennes please pay at the beginning of your session. The fee for the first session is \$175. If you wish to make other arrangements this can only be accommodated PRIOR to your first session, for that session.

Who referred you to Dr.Thoennes? _____