

Nancy K. Brown, MAHS, LPC-S

3810 Medical Parkway #255

Austin, TX 78756

**GENERAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Gender: M F Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian (if minor): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Address: \_\_\_\_\_

Neurologist: \_\_\_\_\_

Address: \_\_\_\_\_