

**Carol Pierce-Davis, Ph.D.**

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Psychologist

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## **Contact Information**

**Date** \_\_\_\_\_ **Referred by** \_\_\_\_\_

**Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Age** \_\_\_\_\_ **Telephone (w)** \_\_\_\_\_ **(mob)** \_\_\_\_\_

**Email** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Age** \_\_\_\_\_ **Telephone (w)** \_\_\_\_\_ **(mob)** \_\_\_\_\_

**Email** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Home Telephone** \_\_\_\_\_

*Dr. Pierce-Davis has informed me that Screenings for medical procedures are not reimbursable through insurance companies.*

\_\_\_\_\_  
Signature

Date \_\_\_\_\_