Mary Lou Tabers, MA, LMFT, PLLC
Licensed Marital & Family Therapist
Marital / Individual / Family
11901 N. MacArthur, Suite D-5
Oklahoma City, OK 73162
Phone: 405-436-9962

CLIENT INFORMATION

For Office Use Only

ICD _____
Charge _____

Date: _____ **Please provide office with a copy of your Insurance Cards**
Name of client: _____Birthdate: _____Age _____
Marital Status: _____ Education: _____ Sex: F _____ M ____
Street Address: _____ City _____ State _____ Zip _____
Phones: Home _____ Cell ( ) _____ Work _____
Client Occupation: _____ Employer: _____
Name of Spouse/Significant Other: _____
Work Phone: _____Birthdate: _____Age _____

Children: Name	Age	Birthdate	Sex	School	Grade
_____	_____	_____	___	_____	_____
_____	_____	_____	___	_____	_____
_____	_____	_____	___	_____	_____
_____	_____	_____	___	_____	_____

Religious Preferences: Client _____ Spouse _____
Length of marriage/cohabitation _____ Length of courtship: _____ Times divorced: Client ____ Spouse ___
Personal Physician _____ Phone ( ) _____
In an emergency, please contact: _____ Phone ( ) _____

PERSONAL RESPONSIBLE FOR FEES (If other than client)

Name: _____ Home Phone: ( ) _____ SS#: _____
Address: (if different from client's)
_____
Relationship to client: _____ Work Phone: ( ) _____
Employer: _____
Address: _____
I certify that I am responsible for full payment of professional service fees incurred for the herein named client:
Signed: _____ Date: _____
Where did you first hear about me: __ Friend/acquaintance __Seminar __Physician __Family Member
__Church __Attorney __ Advertising ___ Google search ___ website ___Psychology Today __ LinkedIn
Who may I thank for referral: Name _____ Organization _____

PAYMENT INFORMATION

I understand that if I do not cancel an appointment within 24 hours notice, I will be billed $50.00 for the session. In the event that we must enlist the help of a collections agency to collect your outstanding balance, a 30% collections

fee will be added to your balance.

Signed: _____ Date: _____

Payment Preferences

I prefer to:

_____ Pay my balance in full at each session

_____ Use my insurance and make co-pays or partial payments

_____ Pay my balance in full on receipt of each monthly statement