



JNickel, LPC-S
 Pastoral, Individual, Couples Counseling

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 512-663-5941
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 therapist@jaynickel-lpc.com

Please complete all information requested.

First Name _____ Middle Initial _____ Last Name _____

Age _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Email: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Can we call you and leave messages at: Home? Work? Cell?

Ethnicity:

African-American Asian

Hispanic Native American

White Other

Sex:

Male

Female

Marital Status:

Single Committed Relationship

Married Divorced

Widowed

Please state briefly your reason for seeking counseling _____

Will someone other than you be responsible for payments? Yes No

If Yes, Please fill in the following information. (This section required for minors).

Organization (if applicable): _____

Person: First Name _____ Last Name _____

Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Authorization: I consent and authorize Jay Nickel, LPC to release supporting information necessary to collect payment from the above person/organization.

Printed Name: _____ Signature: _____ Date: _____

How did you find me?

Referral: _____ Insurance Internet Other: _____