



*Amy Allen Meyer*  
 & ASSOCIATES

Where families find hope

Amy Allen Meyer, M.Ed. LPC, RPT-S, NCC

5850 Town and Country Blvd., Suite 1201  
 Frisco, Texas 75034

972.335.3933

www.AmyAllenMeyer.com

### Returning Client Form

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

**Child's Name** \_\_\_\_\_  
Last First Middle Nickname

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

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

Mother's Employer \_\_\_\_\_ Email \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

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

Father's Employer \_\_\_\_\_ Email \_\_\_\_\_

In the event of an emergency and I must cancel, where should I call? \_\_\_\_\_

Non-Family Emergency Contact \_\_\_\_\_  
Name Cell/Home Work

What concerns do you have about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### Credit Card Authorization

I, \_\_\_\_\_, authorize Amy Allen Meyer, P.A.,  
(print name)

to charge my credit card for payment of services and/or 24 hour cancellation policy fees unless otherwise paid for by me at the time of service.

\_\_\_\_\_ VISA      \_\_\_\_\_ MC

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Billing Address \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_ Date \_\_\_\_\_

Receipts for each session will be emailed to you.  
By signing this, you are giving us permission to do so.