

**Amanda E. Norcross, LPC - Intern**  
*Supervised by Candyce Ossefort-Russell, LPC*

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Austin, TX 78759  
512.965.5537

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**Personal Information Sheet**

Today's Date: \_\_\_\_\_

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

Relationship Status: \_\_\_\_\_ Number of Children & Ages: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Okay to leave message? (circle one) YES NO

Mobile Phone: \_\_\_\_\_ Okay to leave message? (circle one) YES NO

E-mail Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Okay to leave message? (circle one) YES NO

If it is not okay to leave a message for you at home, work, or mobile phone,  
how can I reach you?

\_\_\_\_\_

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

You have permission to thank the person who referred me \_\_\_\_\_  
(signature requested only if you agree)

**Payment Information**

For payment, I accept cash and checks. All checks must be written to my supervisor's private practice:

Candyce Ossefort-Russell, LPC

The information I have provided above is accurate and current to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date