

David C. Bissette, Psy.D.

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NEW CLIENT INFORMATION

Name		Age	Sex	Date
Street	City, State, and Zip		Date of Birth	

Please list phone numbers where I may contact you and circle the type of message that may be left. Discreet messages will not leave a call back number or use the title "Dr."

Home:	no message	discreet message	any message
Work:	no message	discreet message	any message
Cell:	no message	discreet message	any message
Other:	no message	discreet message	any message

Occupation/Employer	Referred By: <i>Please initial if I may write a thank you note:</i>
In case of emergency notify:	Phone:

PLEASE BE ADVISED OF THE FOLLOWING INFORMATION:

1. In order to keep office costs (and your costs) at a minimum, payment is requested at the time of appointment. A receipt will be written that is suitable for insurance reimbursement.
2. Please give 24 hours advance notice for cancellation of an appointment. Regretfully, if you are unable to do this the normal rate will be charged. Note that your insurance company typically will not cover this charge, and it will be entirely out of pocket.