

Jesse Matthews, Psy.D.  
*PA & DE Licensed Psychologist*  
Matthews Counseling & Coaching  
145 Little Conestoga Road  
Chester Springs, PA 19425  
p (610) 482-4496 f (610) 458-9015

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**PATIENT INFORMATION**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

It is ok for Dr. Matthews to send mail to this address (circle one):      YES      NO

**E-mail:** \_\_\_\_\_

It is ok for Dr. Matthews to contact me via e-mail:      YES      NO

**Cell phone:** \_\_\_\_\_ **Home phone (if applicable):** \_\_\_\_\_

Ok to call/leave message:    YES    NO      Ok to call:      YES    NO

Ok to text:      YES    NO      Ok to leave message: YES    NO

**Health insurance company (if applicable):** \_\_\_\_\_

If I plan to use insurance to pay for services I will provide Dr. Matthews with the necessary information needed to do so (insurance card, etc.).

I understand that I can alter this information or revoke authorization at any time. It is also my responsibility to notify Dr. Matthews at the earliest opportunity if any of this information changes.

Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Dr. Jesse Matthews: \_\_\_\_\_