

Eileen Callahan, Ph.D.
138 B Avenue
Coronado, CA 92118
(619)437-6209 ext.3

Date _____
Rate _____
DSM _____

NEW PATIENT INFORMATION

Name _____
First Last MI

Address _____
Street Apt # City State Zip

Telephone: Home _____ Work _____ Cell _____

If Minor: Mother's Name: _____

Address (if different from above): _____

Father's Name: _____

Address (if different from above): _____

SSN# _____ Date of Birth _____ DL# _____

Sex M / F Referred by _____ Marital Status _____

Employed By _____ Spouse Name _____

Personal Physician _____

Name Phone Number

INSURANCE INFORMATION

Primary Insurance: Name Address Telephone

What name is policy under _____ SS# _____

Group # _____ Relationship to patient _____

Secondary Insurance: Name Address Telephone

What name is policy under _____ SS# _____

Group # _____ Relationship to patient _____

CREDIT CARD INFORMATION

If you would like your sessions or co-payments charged to your Visa, MasterCard or Discover card please fill out the following information:

Account Number Name on Card Type of Card

Cardholder Signature V Code Expiration Date

I assume responsibility for all charges rendered for my care. I authorize payment directly to Eileen Callahan, Ph.D. of group insurance benefits otherwise payable to me, and authorize the release of information to any insurer for the purpose of remuneration. I authorize the release and exchange of information between Eileen Callahan, Ph.D. and my referring or personal physician.

Patient signature Date

Patient's Guardian or Representative Relationship