



CA PSYCHOLOGY

DEMOGRAPHIC FORM

PERSONAL INFORMATION

<i>Title</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	<i>Ethnicity</i>
<i>Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Phone Number</i>		<i>Email Address</i>		
<i>Date of Birth</i>	<i>SSN</i>	<i>Sex</i>	<i>Marital Status</i>	<i>Employed/ Student</i>
<i>Employer/ School Name</i>			<i>Job Title/ Grade</i>	
<i>Primary Care Provider</i>		<i>Date of Last Physical</i>	<i>Referred by</i>	

EMERGENCY CONTACT:

By signing this form, I am giving Dr. Gallahue permission to contact this person in the event of an emergency.

<i>Name</i>	<i>Relationship</i>	<i>Phone Number</i>	<i>Email</i>
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FAMILY INFORMATION

Spouse/ Significant Other or Parents/ Legal Guardians of Child

Husband/ Father:

<i>First Name</i>	<i>Last Name</i>	<i>Date of Birth</i>	<i>Occupation</i>
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Wife/ Mother:

<i>First Name</i>	<i>Last Name</i>	<i>Date of Birth</i>	<i>Occupation</i>
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Children, siblings, & others living in the home

<i>First Name</i>	<i>Last Name</i>	<i>Age</i>	<i>In House?</i>	<i>Comments</i>
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<i>First Name</i>	<i>Last Name</i>	<i>Age</i>	<i>In House?</i>	<i>Comments</i>
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<i>First Name</i>	<i>Last Name</i>	<i>Age</i>	<i>In House?</i>	<i>Comments</i>
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<i>First Name</i>	<i>Last Name</i>	<i>Age</i>	<i>In House?</i>	<i>Comments</i>
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PERSON RESPONSIBLE FOR BILLS

<i>Title</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	<i>Ethnicity</i>
<i>Address</i>	<i>City</i>		<i>State</i>	<i>Zip Code</i>
<i>Date of Birth</i>	<i>SSN</i>	<i>Sex</i>	<i>Relationship to Patient</i>	
<i>Home Phone</i>	<i>Work Phone</i>		<i>Employer</i>	

PAYMENT AUTHORIZATION

Please complete all fields. You may cancel this authorization at any time by contacting CA-Psychology, LLC, via email. Cancellation is not considered complete until receipt of the email has been acknowledged in writing. The authorization will remain in effect until cancelled.

**Credit Card Information**

<i>Card Type</i>	<i>Visa</i>	<i>MasterCard</i>	<i>Discover</i>	<i>AMEX</i>
<i>Cardholder Name</i>	<i>As shown on card</i>			
<i>Card Number</i>	<i>CVV</i>	<i>Expiration Date</i>	<i>Zip Code</i>	

I, \_\_\_\_\_, authorize, CA Psychology, LLC to charge my credit card above for agreed upon fees for services. I understand that my payment information will be saved in my electronic file for future transactions on my account. I agree to keep CA Psychology, LCC, abreast of any changes to my billing information.

<i>Client Name (Please Print)</i>	<i>Date</i>
<i>Client Signature</i>	