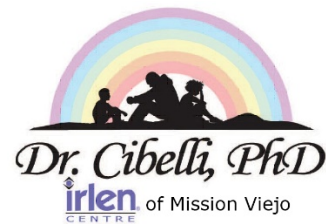




Cherilyn E. Davidson Cibelli, Ph.D.

Child, Adolescent & Adult Psychology
Clinical Psychologist, PSY 16474



Initial Contact Form

Patient Name:

Date of Birth:

Circle one: Child Adolescent Adult

Address:

Phone number:

Custodial Parent's Name(s):

Other Parent or guardian's name & address:

Referral Source (How did you get my name?):

Description of the primary problem in your own words:

Are there any emergency aspects to this situation?

As a courtesy, we will verify your insurance coverage and benefits; however, this is not a guarantee of payment. If your insurance provider does not pay, you may be responsible for any unpaid charges. For non-insured patients, the fee for the initial session is \$250. For your convenience, we accept cash, debit cards, and all major credit cards.

Thank You!

Signature _____

Date _____