

"I never lose, I either win, or I learn"

-- Nelson Mandela

Rochester Hills MI 48307

"The Brain Always Wins"
-- John Sullivan & Chris Parker

248-670-8791

Date of Appointment			
Name			
Referral Sources			
Occupation/Sport			
Birthdate A	ge		
Address			
City			
Zip			
Client Phone/Text	Parent Phone if a Min	Parent Phone if a Minor (under 18)	
Client Email	Parent Email if a Mino	Parent Email if a Minor	
Birthdate of Insurance Holder in ca	ase of a decision to use		
Address Responsible Party			
Circle Choice for Payment V	isa MC Amex Venmo Zelle etc.		
Name exactly as on Card			
Number	Exp Date	Security Code	
Billing addresses if different			
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Credit card charges will appear as	Square.com, Chase Bank, or Professiona	alCharges.com	
psychological skill sets related to and is not covered by health in discuss with me the process and	o sport/performance. I understand that the surance unless determined that a menta	Dr. Pillow considers necessary to improve my s work is not medical or psychiatric treatment I health diagnosis exists. Dr. Pillow will then treatment that is covered by insurance. Also, I	
	yment at the visit via cash or other arrang clients on social media to protect privacy a	ements chosen above. I also understand that nd confidentiality.	
I accept responsibility for paying	all charges at the visit via cash, check, cre	edit card, or other form listed above.	
Signature:		Date:	
200 Diversion Suite 150	Pillowsportpsych.com		