Dan Pillow, Ph.D. PC
Clinical/Sport Psychologist

"I never lose, I either win, or learn"
— Nelson Mandela

"The Brain Always Wins"
— John Sullivan

Date Referral Source

Name

Birth Date

Age

Occupation/Sport

Marital Status

Address

City

Zip

Phone/Text

Email

Emergency? Name Relationship Number

If the client is a minor, or someone other is responsible for payment, please fill in the following

Name of financially responsible party

Address responsible party

Payment VISA [ ] Mastercard [ ] Other [ ]

Name exactly as on Card

Number Exp Date Security Code

Billing address if different

Credit card charges will appear as Square.com or Professionalcharges.com

My signature below indicates consent to such care and treatment as Dr. Pillow considers necessary for improving my mental skills related to sport/performance and any life adjustment issues noted and agreed upon. Also, I have been offered a copy of the 2004 Notice of privacy practices (HIPAA). I understand that this work is not medical and is not covered by health insurance unless it is determined that a mental health diagnosis does exist. Dr. Pillow will then discuss with me the process and procedures that would be necessary for treatment.

I accept full responsibility for payment at the time of the visit via cash, check, or credit card. I also understand that to protect privacy and confidentiality, Dr. Pillow does not engage with clients on social media.

Signature: **Date:**

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