

# **Anthony Fiore, Ph.D.**

Licensed Psychologist (CA # PSY 6670)

Please print, complete, and bring with you at first appointment.

## **Registration Form**

**Date** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Gender** \_\_\_\_ **Date of Birth** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**Primary Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Social Security Number (needed for insurance claims)** \_\_\_\_\_

**Please give name, address, and telephone number of someone to notify in case of emergency:**

\_\_\_\_\_  
**(name)**

\_\_\_\_\_  
**(address)**

\_\_\_\_\_  
**Telephone**

**Parental Signature for Minors**

\_\_\_\_\_