

**TREATMENT & CONSULTATION**  
**A Professional Psychological Corporation**  
**Sean O'Hara Psy.D, NCAC I, SAP**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK

PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_

EMERGENCY CONTACT PHONE # \_\_\_\_\_

PRIMARY PATIENT: \_\_\_\_\_

PRIMARY PATIENT DOB: \_\_\_\_\_

**Payment Information**

**Preferred Payment — VENMO- Sean-OHara-07967**

CREDIT CARD # \_\_\_\_\_

EXP DATE \_\_\_\_\_ 3Digit Code \_\_\_\_\_

BILLING ZIPCODE \_\_\_\_\_