Saira E. John Ph.D.
PSYCHOLOGIST
4101 Parkstone Heights Drive • Suite 370 • Austin • TX • 78746 • Phone: 512-585-9017

INFORMATION ABOUT MY PRACTICE

INFORMED CONSENT

Please provide the information requested below. Your signature will indicate that you understand and accept the information contained in the two-page document (Information About My Practice) you have just read.

Printed name:_____ Date of birth:_____

Address:_____

City and ZIP:_____

Home phone:_____ OK to leave message (Y/N)?_____

Cell phone:_____ OK to leave message (Y/N)?_____

Email:_____ OK to leave message (Y/N)?_____

Who referred you to this practice?_____

*Dr. John is an in-network provider for Blue Cross/ Blue Shield. If you have an out-of-network plan, Dr. John will provide you with a superbill so that you may file for insurance reimbursement on your own.

Please sign and date below to indicate that you have read the two-page document entitled "Information About My Practice" and that you understand and agree to the practice ground rules described:

_____ _____

Signature Date

Created 5-20-05
Revised 8-15-17