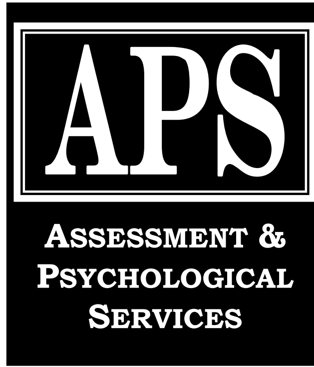
Alicia Pellegrin, Ph.D.
Clinical Psychologist



Educational & ADD/ADHD Evaluations
Family & Divorce Mediation
Sexual Dysfunction Trauma
Forensic Legal Psychology

REGISTRATION FORM

LOUISIANA REHABILITATION SERVICES (LRS) CLIENTS

CLIENT'S Name: ______________________________

Address: ______________________________

City/State/Zip: ______________________________

Home Phone: ____________ Work Phone: ____________ Cell/Pager: ____________

Date of Birth: ____________ Age: ______ SEX: M F Race: ____________

Alternative Contact/Nearest Relative ____________________ Relationship? ____________

Home Phone: ____________ Work Phone: ____________ Cell/Pager: ____________

Address (If different from patient): ______________________________

Client's Physician: ______________________________

Last Physical Exam: ____________ Height: ____________ Weight: ____________

Prescription medication being taken? ______________________________

____

Last vision exam (when, by whom, results): ______________________________

Last hearing exam (when, by whom, results): ______________________________

By my signature below, I am hereby authorizing Alicia Pellegrin, Ph.D. and/or staff of Assessment and Psychological Services to release &/or obtain information regarding professional services to Louisiana Rehabilitation Services (LRS). I understand that I may revoke this consent at any time and that such revocation **MUST BE IN WRITING**. Consent will expire one year from the date below unless sooner revoked.

______________________________ ____________

Signature of Client Date

10517 Kentshire Court ♦ Baton Rouge, LA 70810 ♦ 225-769-8335 ♦ Fax 225-769-8396
416 East Lockwood ♦ Covington, LA 70433 ♦ 985-893-3224 ♦ Fax 985-867-5121
730 Valence Street ♦ New Orleans, LA 70115 ♦ 225-405-4401♦ Toll Free 866-707-8178