

PATIENT INFORMATION

LEGAL NAME

BIRTHDATE

PREFERRED NAME AND GENDER (if different from above)

ADDRESS

CITY

STATE

ZIP

Ok to leave a voicemail? Yes No

HOME PHONE

WORK PHONE

MOBILE PHONE

EMAIL

\$35/session (\$160 all 5 sessions)

1. **Preparing for Pregnancy and Parenthood - Wed, 2/21 at 7 PM (Betsey Finnan, LCSW)**
2. **We're Ready. Now What? - Wed, 2/28 at 7 PM (Suzie Condon-Paskiewicz, LCSW)**
3. **Peripartum Mental Health Diagnoses and Treatment - Wed, 3/6 at 7 PM (Aparna Chatterjee, MD)**
4. **The Identity Shift to Parenthood - Wed, 3/13 at 7 PM (Karolina Lieponis, LCSW)**
5. **Baby's here...Now What?! - Wed, 3/20 at 7 PM (Gloria Cockerill, LCSW)**
6. **All 5**

MERIDIAN CREDIT CARD AUTHORIZATION

I, _____ hereby authorize Meridian Psychiatric Partners, LLC, to charge
my credit/debit card

CREDIT CARD INFORMATION

CREDIT CARD NUMBER

EXP. DATE

CVV CODE

BILLING ADDRESS (for the Debit/Credit Card listed above)

CITY

STATE

ZIP