

FOCUS: Center for Neurofeedback, PLLC

Phillip Ellis, Ph.D.

417 Biltmore Ave, Ste 4-B
Asheville, NC 28801

Please fill in **ALL** blanks

Date: _____

**New Patient Information
Parent or Guardian Supplement**

Please **PRINT**

Parent or Guardian Name: _____ Male Female
Last First Middle Initial

Mailing Address: _____
_____, _____ Zip _____

Home Phone : _____ Birthday: _____ Social Security # _____;

Married Single Widowed Divorced Other: Age _____

Employer: _____ Work Phone # : _____

Address: _____
City state zip