



Elyse Corbett, Ph.D.
Licensed Psychologist
251 Woodford Street
Portland, ME 04103

Client Contact Information

Full Name: _____ Date of Birth: _____

Address: _____ Phone: _____

_____ OK to leave message? ____ Yes ____ No

Email Address: _____

Would you like to receive appointment reminders at your email address? ____ Yes ____ No

Insurance Company: _____

Are you the primary card holder? ____ Yes ____ No Name of Primary: _____

Insurance ID Number: _____ Insurance Group Number: _____

Insurance Benefits Assignment: By signing below, you agree to assign all medical and mental/behavioral health benefits to be payable directly to me for services rendered. I will only release information on any insurance claim that is necessary to receive payment.

Client Signature: _____ Date: _____

Emergency Contact Information

Full Name: _____ Date of Birth: _____

Address: _____ Phone: _____

_____ OK to leave message? ____ Yes ____ No

Email Address: _____

Contact Me:

P: 207-619-3424 | F: 207-591-4751 | W: bellavitamaine.com | E: elyse@bellavitamaine.com

Primary Care Physician

Full Name: _____ Practice Name: _____

Address: _____ Phone: _____

_____ Fax: _____

Email Address: _____

Psychiatrist

Full Name: _____ Practice Name: _____

Address: _____ Phone: _____

_____ Fax: _____

Email Address: _____

Please note: Bella Vita Counseling will not be able to contact the providers above unless a Release of Information has been completed for each individual.

Known medical allergies or other relevant medical information:

How did you hear about Bella Vita Counseling?

