

# BENJAMIN J. ALBRITTON, PSY.D.

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CLINICAL PSYCHOLOGY

## COLLATERAL LIST

**Please list 10-15 people who have seen you interact with your child or children. Include name, relationship to you and phone number. Please inform them that Dr. Albritton will be calling them in the near future.**

	<u>NAME</u>	<u>PHONE #</u>	<u>RELATIONSHIP</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

I give Dr. Albritton permission to speak with the people on my collateral list.

Signature \_\_\_\_\_