DEBBIE BAUER, M.A., CA #43512
LICENSED MARRIAGE AND FAMILY THERAPIST
2255 Morello Ave, Suite 103 - Pleasant Hill 94523
Phone: (925) 437-2203

REGISTRATION RECORD – ADULT CLIENT

DATE_____

NAME_____ BIRTHDATE_____

ADDRESS_____HOME PHONE_____

_____CELL PHONE_____

EMAIL ADDRESS:_____

OCCUPATION_____

EMPLOYER_____

PERSONS IN HOUSEHOLD AGE RELATIONSHIP

1._____

2._____

3._____

4._____

5._____

PERSONAL PHYSICIAN_____

CURRENT MEDICATIONS_____

REFERRED BY_____

PRIMARY REASON FOR SEEKING THERAPY_____

_____

I have received a copy of the terms and conditions of the office of Debbie Bauer, LMFT, and agree to abide by them. I also give my voluntary consent to participate in psychotherapy with Debbie Bauer, LMFT.

_____ _____

Signature Date