

DEBBIE BAUER, M.A.
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 _____

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.

Client or Responsible Party

Date