

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

REGISTRATION RECORD – MINOR CLIENT

DATE _____

CLIENT'S NAME _____ BIRTHDATE _____

SCHOOL _____ GRADE _____

CAREGIVER #1 _____ PHONE _____

ADDRESS _____ ALT PHONE _____

OCCUPATION _____ EMPLOYER _____

CAREGIVER #2 _____ PHONE _____

ADDRESS _____ ALT PHONE _____

OCCUPATION _____ EMPLOYER _____

EMAIL ADDRESS: _____

PERSONS IN HOUSEHOLD

AGE

RELATIONSHIP

1. _____

2. _____

3. _____

4. _____

5. _____

CLIENT'S PERSONAL PHYSICIAN _____

REFERRED BY _____

PRIMARY REASON FOR SEEKING THERAPY _____

I / We have received a copy of the terms and conditions of the office of Debbie Bauer, LMFT, and agree to abide by them.

Responsible Party - Signature

Date

Client – Signature

Date