

DEBBIE BAUER, M.A., CA #43512
LICENSED MARRIAGE AND FAMILY THERAPIST
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