

Positive

Mind

Therapy

Welcome to PMT!

Client Registration Form

## Client Demographic Information

|  |  |
| --- | --- |
| **Client Name:** |  |
| **Street Address:** | **Date of Birth:** |
| **City, State, Zip Code:** | **Home Phone:** |
| **Gender:** | **Mobile Phone:** |
| **Email Address:** | **Grade in School:** |
| **Primary Physician:** | **Psychiatrist (if any):** |
| **Emergency Contact Person:** | **Emergency Contact Phone:** |

**PLEASE NOTE IF DIVORCED: LEGAL CUSTODY DOCUMENTS MUST BE PROVIDED FOR DIVORCED/SEPARATED FAMILIES.** We strive toward, but cannot always act as a mediator between parents under contentious circumstances. We also strive to avoid being “side-barred” byparents, lawyers or other professionals; and we hope that is respected.

**Parent/Guardian is the responsible party who will arrange payment for the**

**per-session fee for services (leave blank if same as client)**

|  |  |
| --- | --- |
| **Parent/Guardian:** | **Home Phone:** |
| **Street Address:** | **Work Phone:** |
| **City, State, Zip Code:** | **Mobile Phone:** |
| **Relationship to Patient:** | **Marital Status:** |