



Heal Together Counseling: Waitlist Registration

Please send the completed form to:
rebecca@healtogethercounseling.com

Child's Full Name: _____ Date: _____

Age: _____ Gender (circle): Male Female Nonbinary Other

Insurance Provider: _____

Reason for Therapy (circle all that apply):

Behavioral Issues Attention Issues Emotional Regulation

Aggression/Violence Trauma Abuse/Neglect

Family Separation School Issues Anxiety

Covid-19 Military Family Issues Drugs/Alcohol

Court Ordered/Legal Complex Medical Difficulty Adjusting

Anxiety/Worry Depression Divorce

Other: _____

Contact Information:

Parent/Guardian's Name: _____

Phone: _____

Email: _____

Scheduling Availability (circle all that apply):

Any (Flexible Schedule) Mornings Afternoons Evenings

Referred By: _____