



Thoughts & Emotions

MENTAL HEALTH THERAPY

7981 Eastern Avenue Suite C-5 Silver Spring MARYLAND 20910

Registration Form

Indicate Services:

- Individual Psychotherapy
- Family Psychotherapy
- Couples Psychotherapy
- Parenting Skills Sessions (initial assessment plus 12 sessions)
- Anger Management Sessions (initial assessment plus 8 sessions)

Referred By: _____

Identifying Data:

Client's Name: _____
 Sex: _____ Age: _____ DOB: _____ SS# _____

Home Address: _____

Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Other Phone: _____

Email Address: _____

Emergency Contact: _____ Phone Number: _____
 Relationship to Client: _____

Diagnosis:

Medications:

Reason for Referral:

Start Date: _____ End Date: _____

Method of Payment:

- Private Pay
- Medical Assistance; Medical Assistance Number: _____