SFC change

PERALES THERAPY

REGISTRATION FORM

First and Last Name: DOB: / /

Preferred Name: Preferred Pronouns:

Address:

City, State, Zip: Phone Number:

Email:

I will not include private information in the body of an email or text. I prefer to keep email and texts limited to scheduling and logistical content. I will include treatment plans and notes as attachments at your request.

Do you consent to communication via email and text knowing that it is not a 100% secure medium? Yes:_____ No_____ (please initial)

Individual Therapist Name: Don't have one

Physician/Psychiatrist Name: Don't have one

Emergency contacts *Only limited information will be shared in cases of threats to your health or safety.*

Name	Relationship	Number:
Name	Relationship	Number:

Client Signature: Therapist Signature:

Date: Date:

Strategies for Conscious Change
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