



Intake Form

Personal Information

First Name: _____ Middle Name: _____

Last Name: _____

Sex: _____

Age: _____ Date of Birth: _____

Contact Information

Address: _____

City, State, Zip: _____

Home phone: _____ Okay to leave message?

Work phone: _____ Okay to leave message?

Mobile phone: _____ Okay to leave message?

E-mail address: _____



How did you hear about the Baltimore Therapy Center?

- Heard about it from a friend
- Referred by another professional
- Saw a flyer/brochure
- Read an article
- Attended a presentation

Please specify who/where:

Internet Sources:

- Google search
- Google Ad
- Bing Ad
- Facebook Ad
- Thumbtack
- Other: _____
- Thervo.com
- Bark.com
- Yelp.com
- Angie's List
- Psychology Today



The Baltimore Therapy Center, LLC
103 Old Court Rd., Suite A
Baltimore, MD 21208
443-598-BTC1 (2821)

CONSENT TO TREATMENT

I have read the Baltimore Therapy Center's Consent to Treatment. I understand the terms and agree to them. I agree to treatment with the Baltimore Therapy Center.

Name (print) _____

Signature _____ Date _____



CANCELLATION POLICY

Please note that sessions must be cancelled **no less than 24 hours** in advance. Sessions cancelled or rescheduled within 24 hours and no-shows will be billed the full session fee. *The only exception to this rule is a documented medical emergency.*

Signature _____

Date _____