



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?

Okay to text?

Please note that although Baltimore Therapy Center staff use secure mobile phones, information stored on mobile phones is at risk of privacy breaches due to external circumstances (e.g., theft, data interception). By checking this box you accept the risk of privacy breaches due to circumstances out of the control of Baltimore Therapy Center staff.

E-mail address: _____

Please note that although Baltimore Therapy Center staff use secure e-mail, e-mail is at risk of privacy breaches due to external circumstances (e.g., identity theft, data interception). By entering your e-mail address you accept the risk of privacy breaches due to circumstances out of the control of Baltimore Therapy Center staff.

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
- GoodTherapy.org
- Wellness.com
- Thumbtack
- Yelp.com
- NetworkTherapy

Other: _____



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 carefully. I understand the terms and agree to them. I agree to treatment with the Baltimore Therapy Center, LLC, for

myself.

my child, _____.

Name of Client/Parent (print) _____

Signature _____ Date _____



PRIVACY & CONFIDENTIALITY

Please read the Notice of Privacy Practices at www.BaltimoreTherapyCenter.com/privacy.pdf or in hard copy at the office.

I have read the Notice of Privacy Practices and agree to its terms.

Signature _____ Date _____



REQUEST FOR UNENCRYPTED ELECTRONIC COMMUNICATIONS

I understand the risks of using unencrypted electronic communications as described in the Consent to Treatment and I request that the Baltimore Therapy Center use the following standard electronic communication methods to communicate with me:

E-mail: Yes
 No

Text message/SMS: Yes
 No

Please note that you have the right to revoke this consent at any time.