INTAKE REGISTRATION FORM REGARDING THE CONSENT FOR TREATMENT OF A MINOR

LAST NAME: ________________________________ FIRST NAME:________________________________

DOB:______________ AGE:___________ SCHOOL: _______________________ GRADE: ___________

ADDRESS: _________________________________ CITY: _______________ ZIP: _______________

NAME OF FATHER: ______________________ HOME PHONE: _______________ CELL: ____________

NAME OF MOTHER: ______________________ HOME PHONE: _______________ CELL: ____________

REFERRED BY: ___________________________ RELATIONSHIP TO YOU: ________________________

You may contact me (parent/guardian) with information regarding my child's treatment using the following methods: Check off (✓) appropriate boxes:

Father: □ Home Phone □ Work Phone □ Cellular □ Text Message □ Home Address

□ Email (use this email address): ____

Mother: □ Home Phone □ Work Phone □ Cellular □ Text Message □ Home Address

□ Email (use this email address): ____

My written signature indicates that I have read and understood the policies of Dr. Barry C. Barmann (DBA: Center for Anxiety & Chronic Worry) and agree to abide by such policies. A photocopy of this document shall be as valid as the original.

Signature of Mother: ______________________________________ Date: ___________________

Signature of Father: ______________________________________ Date: ___________________

Witness/Therapist: ______________________________________ Date:___________________

This is to certify that I give permission to Dr. Barry C. Barmann to provide psychotherapy to my child. This treatment may include individual, group, or family therapy, psychological assessment, and/or consultations with other therapists, teachers, and/or physicians, as stipulated in a signed Release of Information Form. Nevada and California State laws mandate the reporting of child abuse including physical and sexual abuse, unlawful sexual intercourse, neglect, emotional, and psychological abuse. Actual or suspected acts of child abuse will be reported to the appropriate agency and may include referral to other appropriate State and County agencies.

Therapist: Barry C. Barmann, Ph.D. DBA: Center for Anxiety & Chronic Worry
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