



## Affiliated Psychological Resources

Welcome to Affiliated Psychological Resources. I am looking forward to working with you. Please complete the application for your file. All the information is kept in strict confidence.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ Cell phone \_\_\_\_\_

City \_\_\_\_\_ Is it okay to leave messages? Yes \_\_\_ No \_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

How did you hear about me? \_\_\_\_\_

Marital status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Committed \_\_\_ Other \_\_\_

Gender \_\_\_\_\_

### **Billing information if different from above:**

Responsible party \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **I provide consent for treatment:**

Client Signature (guardian for minor) \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

*An Affiliation of Independent Mental Health Professionals*