



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 _____

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