Teri V. Krull, LCSW, RPT-S 480-917-7792 www.playtherapy.tv
2345 S. Alma School Rd. #110 Mesa, Arizona 85210

Registration Form

Client's Name: _____ **Date**: _____

Preferred Pronouns: ☐ she/her/hers ☐ he/him/his ☐ we/them/they

Home Address:_____

City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Grade: _____

☐ **Home #:** _____ ☐ **Cell#:** _____
(Check the numbers we are allowed to call when confirming appointments or securing information)

Doctor: _____ Phone: _____ FX: _____

Medications/ Dosage: _____

If you are a parent and the child is the client, please, as the responsible party, complete the information on yourself. Check the appropriate boxes.

☐ I am the client ☐ I am the responsible party ☐ Father ☐ Mother ☐ Other

Your Name: _____ Your Title: _____

Address: _____

City: _____ State: _____ Zip: _____

☐ **Home #:** _____ ☐ **Cell#:** _____ ☐ **Other #:** _____

Email: _____ **Message Number:** _____

Spouse/Significant Other/Parent or emergency contacts:

Name: _____ **Phone#:** _____ Relationship: _____

Name: _____ **Phone#:** _____ Relationship: _____

Why are you here:

PLEASE BE ADVISED THAT THERE IS A FULL SERVICE FEE FOR ANY NO SHOWS OR CANCELLATIONS WITHOUT A 24 HOUR NOTICE.

Ms. Krull is not contracted with insurance companies therefore payment is expected at the time of service. If you need help filing your out of network insurance benefits please alert Ms. Krull and she will direct you to Janet Kassel, her Billing Specialist. There is additional paperwork for this service and a small fee is charged by Ms. Kassel to processes your out of network claims.

If this is registration is for a minor child, both parents' signatures are needed.

_____ _____
ADULT CLIENT SIGNATURE DATE

_____ _____
PARENT/S SIGNATURE if Applicable DATE