PATIENT REGISTRATION

SUNNY STRASBURG, M.A., LMFT
Email: sunnys@jps.net Web: www.sunnystrasburgtherapy.com Skype: Sunny.Strasburg
1399 S 700 E., Suite 15B, Salt Lake City, UT 84105

Client's Name:_____

Client's Guardian Name:_____

Home Address: _____

City:_____State:_____Zip:_____

Patient Employer:_____

Home Phone:_____Cel:_____Business:_____

Referred By:_____

Primary Physician:_____

Full Name of Spouse:_____

Emergency Contact:_____

AUTHORIZE TREATMENT

Client authorizes and agrees to psychotherapeutic treatment. Treatment modalities may include insight oriented, cognitive behavioral, attachment theory, Gottman Couples Method, EMDR, and/or other empirically based modalities.

OFFICE BILLING

I authorize that I am responsible for the full payment of services provided.

There will be a $25 payment for all returned checks. In the event your account goes to collections, there will be a 20% collection fee added to your balance.

There is a 24 hour cancellation policy which requires that you cancel your appointment 24 hours in advance between the hours of 8:00 am and 4:00 pm Monday through Friday to avoid being charged for the missed appointment. In the case of missed appointments without prior cancellation, appointments will be held up to fifteen minutes into the appointment time before clients will be charged for the full appointment fee.

Signed (Client or Guardian):_____Date:_____