



REGISTRATION FORM

Date of 1st Appointment: ___/___/___

Patient Information

Name | F: _____ MI: _____ L: _____ I prefer to be called: _____

Date of birth: ___/___/___ I Identify my gender as: M F Trans FTM Trans MTF Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone #1: (_____) _____ - _____ circle one: mobile home office ext : _____

Contact Phone#2 : (_____) _____ - _____ circle one: mobile home office ext : _____

May we leave a message? Yes No May we say we are calling from ITTC? Yes No

E-mail Address: _____ NOTE: we will never share your email address

Emergency Contact: _____ Phone: (____) _____ - _____ Relationship to patient: _____

Preferred contact method and time: _____

Whom may we thank for referring you? Name/Business: _____ Phone: (____) _____ - _____

Will you be paying for sessions out of pocket or utilizing insurance?

Private Pay Bill My Insurance Another benefit plan available? Please Specify: _____

Intake Paperwork Checklist:

Registration Form

Private Pay or Insurance Form (please provide a copy of your insurance card)

Informed Consent

Therapist/Client Agreement

Release of Information Form (this is an optional form)

HIPAA Notice of Privacy Practices

Welcome to the practice. Thank you for taking the time to complete our paperwork.