

Totty and Associates

7251 W. North Ave, Wauwatosa, WI 53213

phone 414-258-6000

fax 414-258-3700

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Group Counseling – Therapy and Support -- Registration Form

Name of Group: _____

Schedule/Time of Group: _____

Client Name _____ **Date of Birth** _____

Address _____

Phone number: home _____ Cell _____

Parents/Guardian: _____

Email: _____

Emergency contact and Phone number _____

Name of Insurance _____ **Effective Date** _____

Group ID _____ Personal ID _____

Address and Phone Number of Insurance _____

We will make efforts to bill your insurance, however, any unpaid balance will be your responsibility. We have a retired therapy dog on the premises that can be kept out of sight if the client has any allergies or fears of dogs. Is the client comfortable around dogs? Any Allergies? _____

Are there any safety concerns that we should be made aware of? _____

Is there anything else that you would like us to know about the Client? _____

I give consent for Totty and Associates to release information to my insurance Company for the purpose of billing. I give consent for _____ to participate in this group.

Client or parent or guardian signature if Client is under the age of 14:

_____ **Date** _____.