

Please return these forms to:

9734 Jug St. NW

Pataskala, OH 43062

Or

Fax: 740-924-2002

If you have questions, please contact us at:

Phone: 740-924-7543

Or email: info@pbjconnections.org



Client Information and Health History

GENERAL INFORMATION

Client: _____

DOB: _____ Age: _____ Sex: Male Female Other

Parent/Legal Custodian: _____

Address: _____

Is Address for client the same as parent/legal custodian address? Yes No

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Appointment Reminder Preference: Text _____ Call _____ Email _____

Employer/School: _____

How did you hear about the program? _____

Does the client or family member who may be participating require any assistance? If so, what type of assistance is needed? (i.e. interpreter, physical assistance) _____

Does the client's parents/guardians have a parenting agreement or custody agreement? _____
(If yes, please bring copies of these documents to your intake.)

If yes, are you currently involved in a court case relating to custody, divorce and/or neglect, abuse or dependency action? _____.

I am seeking (circle all applicable): Equine (horse) Assisted Psychotherapy

Traditional Office Therapy

What is the main reason for seeking our services for your child/self/family?