

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

Client Legal Name: _____ Preferred Name _____

Date of Birth _____ Gender: Male Female Other: _____

Married Single Other: _____ Race _____ Language Spoken _____

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 (preferred) ____

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) _____

Do 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?