Apple Tree Therapy, LLC
Jackie Brown, OTR/L
Pediatric Occupational Therapist
9951 Mickelberry Rd NW, Suite 123
Silverdale, WA 98383
360-286-2351

CLIENT REGISTRATION

Client Information

Child's First Name:_____ Middle Initial:_____ Last Name_____

Date of Birth:_____ Age:_____ □ Male □ Female Pediatrician:_____

Relationship to Child (please circle one):
Biological Adoptive Step Foster Other

Legal Guardian A:_____

Address:_____

_____

_____

Home Phone:_____

Work Phone:_____

Cell Phone:_____

Email:_____

Occupation:_____

Employer:_____

Address:_____

_____

_____

Child Resides with:_____

Relationship to Child (please circle one):
Biological Adoptive Step Foster Other

Legal Guardian B:_____

Address:_____

_____

_____

Home Phone:_____

Work Phone:_____

Cell Phone:_____

Email:_____

Occupation:_____

Employer:_____

Address:_____

_____

_____

Siblings Names/Ages:_____

**If primary person bringing child to therapy is not listed above, please list name and contact number of that person below*:
Name:_____ Phone:_____

EMERGENCY CONTACT INFORMATION:
Name:_____ Relation to Client/Child:_____ Phone:_____

How did you hear about Apple Tree Therapy, LLC?_____

Insurance Information

Primary Insurance:_____

Policy Number:_____

Group Number:_____

Claims Address:_____

_____

_____

Phone:_____

Name of Insured:_____

Date of Birth of Insured:_____

Secondary Insurance:_____

Policy Number:_____

Group Number:_____

Claims Address:_____

_____

_____

Phone:_____

Name of Insured:_____

Date of Birth of Insured:_____