



## Apple Tree Therapy, LLC

Jackie Brown, DrOT, OTR/L

Pediatric Occupational Therapist

9951 Mickelberry Rd NW, Suite 123, Silverdale, WA 98383

Phone: 360-286-2351

### CLIENT REGISTRATION

#### Client Information

Client Legal First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Client Preferred Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Pediatrician: \_\_\_\_\_

Gender Identity: ☐ Female ☐ Male ☐ Nonbinary ☐ Other \_\_\_\_\_

Preferred Pronouns: ☐ she/her ☐ he/him ☐ they/them ☐ Other \_\_\_\_\_

#### Relationship to Child (please check one):

☐ Biological ☐ Adoptive ☐ Step ☐ Foster ☐ Other

Legal Guardian A: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Child Resides with: \_\_\_\_\_

#### Relationship to Child (please check one):

☐ Biological ☐ Adoptive ☐ Step ☐ Foster ☐ Other

Legal Guardian B: \_\_\_\_\_

Address: ☐ same as Legal Guardian A \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Custody Status: ☐ Joint ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Relation to Client/Child: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*If primary person bringing client to therapy is not listed above, please list name and contact number of that person below:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Apple Tree Therapy, LLC? \_\_\_\_\_

#### Insurance Information

Primary Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Guarantor: \_\_\_\_\_

Guarantor Date of Birth: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Guarantor: \_\_\_\_\_

Guarantor Date of Birth: \_\_\_\_\_