

Registration for Curtis Counseling LLC  
Deborah W Curtis, LICSW  
51 Pleasant Street #D  
Newburyport, MA 01950

Partner #1 Name \_\_\_\_\_

Gender\_\_\_\_\_ DOB\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip code\_\_\_\_\_

Phone cell-\_\_\_\_\_ phone other\_\_\_\_\_

Emergency contact and phone\_\_\_\_\_

How were you referred to this office? \_\_\_\_\_

Members of Household and their ages:

Brief Reason for seeking help at this time:

Have you ever seen a psychotherapist or psychiatrist before? If so, please list name and dates of treatment:

Current Medications and Dosages:

Are you currently being treated for any medical illness? If yes, please describe:

Signature Partner #1

\_\_\_\_\_ Date\_\_\_\_\_

Partner #2 Name \_\_\_\_\_

Gender \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone cell- \_\_\_\_\_ phone other \_\_\_\_\_

Emergency contact and phone \_\_\_\_\_

How were you referred to this office? \_\_\_\_\_

Members of Household and their ages:

Brief Reason for seeking help at this time:

Have you ever seen a psychotherapist or psychiatrist before? If so, please list name and dates of treatment:

Current Medications and Dosages:

Are you currently being treated for any medical illness? If yes, please describe:

Signature Partner #2

\_\_\_\_\_ Date \_\_\_\_\_