



The Baltimore Therapy Center, LLC  
 103 Old Court Rd., Suite A  
 Baltimore, MD 21208  
 443-598-BTC1 (2821)

**Intake Form**

**Personal Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Contact Information**

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

City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Okay to leave message?

Work phone: \_\_\_\_\_ Okay to leave message?

Mobile phone: \_\_\_\_\_ Okay to leave message?

E-mail address: \_\_\_\_\_



How did you hear about the Baltimore Therapy Center?

- Heard about it from my partner
- Referred by a friend
- Referred by another professional
- Saw a flyer/brochure
- Read an article
- Attended a presentation

*Please specify who/where:*

\_\_\_\_\_

**Internet Sources:**

- Google search results
- Google Ad
- Bing Ad
- Facebook
- Instagram
- Other: \_\_\_\_\_
- Psychology Today
- GoodTherapy.org
- Yelp.com
- Angie's List
- Advekit



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**CONSENT TO TREATMENT**

I have read the Baltimore Therapy Center’s Consent to Treatment. I understand the terms and agree to them. I agree to treatment with the Baltimore Therapy Center.

**PRIVACY & CONFIDENTIALITY AGREEMENT**

I have read the Baltimore Therapy Center’s Notice of Privacy Practices. I understand the terms and agree to them.

**Request for Electronic Communications**

Regarding the use of electronic communication methods:

- I understand that e-mails sent to me are encrypted, but e-mails I send are not.
- I understand that text (SMS) messages sent in either direction are not encrypted.
- I understand the risks of using unencrypted methods as described in the Consent to Treatment.
- I understand that I am not required to sign this agreement in order to receive treatment and that I have the right to terminate this authorization at any time.

I request that the Baltimore Therapy Center use the following electronic communication methods to communicate with me:

- E-mail
- Text message/SMS

**I DO NOT wish to use unencrypted electronic communication methods.** I understand that I have the option of avoiding electronic communications entirely, or of using secure methods such as the iPlum app or the contact form at [www.baltimoretherapycenter.com](http://www.baltimoretherapycenter.com).

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## CANCELLATION POLICY

Please note that sessions must be cancelled **no less than 24 hours** in advance. Sessions cancelled or rescheduled within 24 hours and no-shows will be billed the full session fee. *The only exception to this rule is a documented medical emergency.*

Signature \_\_\_\_\_

Date \_\_\_\_\_