



Center for Mental Health and Wellness  
**Kimberly Panganiban, MA, LMFT**

**CLIENT INFORMATION:**

**PARTNER #1**

Name:

\_\_\_\_\_ Last First MI  
Street Address: \_\_\_\_\_

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

Phone: (H) ( ) Cell: ( ) Work: ( )

DOB \_\_\_ / \_\_\_ / \_\_\_ M / F Drivers License # \_\_\_\_\_

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

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

Primary Care Physician \_\_\_\_\_ Phone: ( )

Person to contact in emergency: \_\_\_\_\_ Phone: ( )

**PARTNER #2**

Name:

\_\_\_\_\_ Last First MI  
Street Address: \_\_\_\_\_

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

Phone: (H) ( ) Cell: ( ) Work: ( )

DOB \_\_\_ / \_\_\_ / \_\_\_ M / F Drivers License # \_\_\_\_\_

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

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

Primary Care Physician \_\_\_\_\_ Phone: ( )

Person to contact in emergency: \_\_\_\_\_ Phone: ( )

**CONJOINT INFORMATION**

Marital Status: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: ( )

**PREFERRED PAYMENT METHOD:** Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit/Debit \_\_\_\_\_

While Kimberly Panganiban, MA, LMFT (MFC#52717) is certified as a Gottman Method Therapist, she wants you to know that she is completely independent in providing you with clinical services, and she alone is fully responsible for those services. The Gottman Institute or its agents have no responsibility for the services you receive. Additionally, Kimberly Panganiban, MA, LMFT is part of Balance, LLC but she is a sole practitioner. All information regarding your treatment is confidential and will not be shared without your consent.

I consent to assessment and treatment under the care of Kimberly Panganiban, MA, LMFT. By my/our signature(s) below, I/we assume responsibility for all fees incurred. Charges are due and payable at the time of service.

I/We are happy to receive quarterly e-newsletters from Balance, as well as very occasional special event announcements.

I/We would prefer not to receive such e-correspondence.

\_\_\_\_\_  
Signature of Partner #1 Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Partner #2 Date \_\_\_\_\_

Fee Detail \_\_\_\_\_