

Vorpahl Psychology Associates, LLC
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YCBT TEEN REGISTRATION FORM
Payment Due BY: at First Meeting.
Please make checks out to Dr. Vorpahl: \$350.00

Name: _____ DOB: _____

Grade: _____ School: _____

Address: _____

Teen Email: _____ Teen Phone (C): _____

Parent(s): _____ Parent Phone (C/H): _____

Parent Email: _____ Referral Source _____

Emergency Contact: _____

Is your child currently in therapy? YES NO

Is your child taking psychiatric medication (for example, anxiety, panic, depression)? YES NO

Is your child currently suicidal? YES NO

Has your child ever done yoga, mediation or breathing techniques? YES NO

Are there physical limitations that will limit participation with yoga, meditation or

breathing techniques? If yes, describe.

When did you first notice that your child was struggling with regulating emotions?

What symptoms have you noticed?

Any family history of depression/anxiety or other mental illness? If yes, please describe.

Would you be interested in a parent session to help you work with your child and

reinforce what he/she will learn? Would you be interested in Adult YCBT?

Other important things that would be helpful.