



Pawsitively Transformational Health and Wellness, Inc

Request for Therapy Services

Please complete this form and return it to us by email or fax (contact information is below). Alternatively, you may print it, put it in an envelope, and drop it off to one of our two locking office mailboxes or mail it to us at the mailing address below. Our office does not have a receptionist. One of our therapists will get back to you as soon as possible. Please feel welcome to call if you have questions.

P. 1 of 2

Date:

Legal name of person completing form:

Preferred name (if any) and pronouns (optional):

Phone number and email:

Title (if any):

Who are you seeking services for?

Myself (date of birth and age):

And/or (name):

relationship to me:

Date of birth and age:

Primary insurance:

Secondary insurance (if any):

Do you prefer in-person services or telehealth (secure videocall)

in-person only

telehealth only

either/both is fine

Phone: 575-208-6364 Fax: 575-495-2084

info@pawsitivelytransformational.com www.pawsitivelytransformational.com

mailing: 1111 10th St #400, Alamogordo, NM 88310

physical: 1200 Indiana Ave, Alamogordo, NM 88310



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After reading our therapist bios (see website), who do you request to work with? (Can select more than one):

Jeanette

John

Nathaniel Lukas

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Which services are you interested in? (Can select more than one):

Individual therapy

Relationship therapy

Group therapy (ages 18 and up, see descriptions of groups on website). If so, which group(s) are you interested in?

Movement Meditation

DBT (Dialectical Behavioral Therapy)

Post Trauma and Stress (PTS)

Animal-Assisted Therapy (AAT) with Canines

Main concerns or topics you would like to address in counseling:

Questions or requests?

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