



Lotus Behavioral Health

Registration FORM

Personal Information:

Today's Date

October ▼ 02 ▼ 2026 ▼

Name *

D.O.B. *

First Name

Middle Name

Last Name

Month ▼ Day ▼ Year ▼

Address *

City *

State *

Zip Code *

Address City State Zip Code

Marital Status

Marital Status

Employer

Employer

E-Mail Address *

@

Emergency Contact

Name

First Name

Middle Name

Last Name

Relationship

Relationship

Phone

(000) 000 0000

Do you prefer in-person or virtual sessions.

Best days/times for your weekly appointment

Reason you are seeking therapy at this time

Is patient is under 18 years of age?