



## Adult Registration Form (ARF)

Date: \_\_\_\_\_

### Personal details:

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

DOB: \_\_\_\_\_

Medical issues/Allergies \_\_\_\_\_

First Language \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

GP name and phone number  
\_\_\_\_\_  
\_\_\_\_\_

I agree my details to be shared with my GP

### Services you require:

Speech&Language Therapy     Music Therapy     Art Therapy     Play Therapy   
Physiotherapy     Nutritional Therapy     Psychology Services     Not Sure

We can contact you to arrange appointments:    by email     by phone     by post

We can contact you to send all relevant documents:    by email     by post



Please return the completed form by post to:

**Sensory Space**  
**Unit 5**  
**Dublin Road**  
**Drogheda**  
**Co. Louth A92 XE86**

Alternatively, scan and email to: **info@sensoryspace.ie**

If you have any queries, please phone: **041 980 3307**