

**Client Registration Form**

Client Name (First MI Last):	Today's Date:	Referred by:
Parent/Guardian Name(s):		
Street Address:	City, State, Zip:	
Primary Contact phone: <i>Indicate: Cell/home/other Client/Spouse/Mother/Father</i>	Secondary Contact phone: <i>Indicate: Cell/home/other Client/Spouse/Mother/Father</i>	
Other Contact phone: <i>Indicate: Cell/home/other Client/Spouse/Mother/Father</i>	Emergency Contact:	
Email address:	Add'l email:	
Best method to send reminders:    email            text (at cell listed above)            Both		
Date of Birth:	Age:	Gender: Male    Female
Ethnicity:	Employer or School:	
Marital Status (of parents if child): Indicate: Single, Married, Divorced, Widowed	Occupation (of parents if child):	

**If self-paying, only complete name of insurance company:**

Primary Insurance Company:	ID #:	Group #:
Subscriber Name:		