

Client Registration

Client Name _____

Legal Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Ext _____

Cell Phone # _____ Message OK? Yes ___ No ___

Email: _____ Email OK? Yes ___ No ___

Address _____

Date of Birth _____ Social Security Number _____

Client Marital Status _____ Gender Identification _____

Employer or School _____

Client Employment Status _____

1. Do you enjoy your work? Is there anything stressful about your current work?

2. Do you consider yourself to be spiritual or religious?

Yes ___ No ___ If yes, tell me a bit about your faith or beliefs:

3. What do you consider to be some of your strengths?

4. What are some areas where you would like to improve?

5. What are your best hopes for your time in therapy?

Referred by: Name: _____

Agency: _____

Client's Signature (or parent/guardian/responsible party)

Date

Witness Signature

Date