



NEW CLIENT REGISTRATION FORM

Please enter the information below for the client being seen. Accurate information on you helps confirm what we have on file to make sure your record is correct and billing is accurate.

Name

Preferred Name

Legal Gender Date of Birth

Cell Phone: Notes

Home Phone Notes

Address - Street

Address - City

State ZIP

Please indicate your emergency contact:

Name: Phone Number:

Is billing being handled by someone besides the client (not a parent) ? If so, please complete the information below:

Name

Phone

Address - Street

Address - City

Address - State ZIP