

## Client Registration Form

Today's Date: \_\_\_\_\_

### Client Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### How may I contact you?

*(Check and fill in all that apply)*

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Text OK?  Yes  No

Work Phone: \_\_\_\_\_

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

### Are you interested in receiving appointment reminders?

*(If yes, check your preferences)*

Text Message or  Voice Mail: \_\_\_\_\_

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

### Relationship Status:

*(Check all that apply)*

Single (never married)  Married  Separated  Divorced  Widowed

Common Law  Non-cohabitating partner  Cohabitating partner

Name of Partner/Spouse: \_\_\_\_\_

### Children:

*Please list names/ages of your children, step-children, foster children below:*

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Referral Information:**

How did you hear of Mooney and Associates Counseling, LLC? (e.g. current/former client, therapist, physician, friends/family, Google search, Psychology Today, Good Therapy, etc?)

\_\_\_\_\_  
If a person directly referred you to Mooney and Associates Counseling, please let me know whom to

\_\_\_\_\_  Yes  No  
May I contact this person to thank them?