

REGISTRATION FORM

(Please Print)

CLIENT INFORMATION

Client's Name (Last, First):

Pronouns:

Date of Birth (MM/DD/YYYY)

Age:

Home phone:

Street address:

Cell phone:

Work phone:

P.O. Box:

City:

State:

ZIP Code:

Occupation:

Employer:

Work phone:

Email Address:

Current Relationship: Single ; Dating ; Engaged ; Married ; Living Together/Partnered ; Separated ; Divorced/Annulled ; Widowed

Partner's Name (Last, First):

Have you been in counseling before?

If yes, where?

Referred by:

ADDITIONAL INFORMATION IS CONFIDENTIAL AND VOLUNTARY

CHILDREN INFORMATION

Names/Ages of All Children from Current Relationship

Names/Ages of ALL Children from Previous Relationship(s)

Others Living in Your Home: Parent/In-Law , Grandparent , Grandchild , Other Family , Non-Family

WORK STATUS

Employed FT , Employed PT , Unemployed , Homemaker , Retired , Self-Employed , Student , Disabled

OCCUPATION

You:

YEARLY INCOME

You:

VETERAN/MILITARY SERVICE:

You:

Your Partner:

Your Partner:

Your Partner:

HIGHEST EDUCATION 1) Elementary, 2) High School/GED, 3) Some College, 4) College graduate, 5) Technical School, 6) Post Graduate

You:

Your Partner:

RELIGION/SPIRITUAL PRACTICE 1) Agnostic/Atheist 2) Buddhist 3) Catholic 4) Hindu 5) Muslim 6) Jewish 7) Protestant 8) Non-Religious/Secular 9) Other, please specify: _____

You:

Your Partner:

RACE 1) African American/Black 2) American Indian/Alaska Native 3) Asian/Asian American 4) Caucasian/White 5) Hispanic/Latino 6) Multiracial 7) Native Hawaiian/Pacific Rim 8) Other, please specify: _____

You:

Your Partner:

GENDER 1) Female 2) Male 3) Non-Binary 4) Other, please specify: _____

You:

Your Partner:

SEXUAL ORIENTATION 1) Lesbian 2) Gay 3) Bisexual 4) Heterosexual 5) Questioning 6) Other, please specify: _____

You:

Your Partner:

The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance.

Client/Parent/Guardian signature

Date