### Registration Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Today’s date: | | | | | | | | | | | |  | | | | | | | | | | | |
| Client INFORMATION | | | | | | | | | | | | | | | | | | | | | | | |
| Client’s last name: | | | | | First: | | | Middle: | | | ❑ Mr.  ❑ Mrs. | | | ❑ Miss  ❑ Ms. | | | | Marital status (select one) | | | | | |
|  | | | | | | | | | | | S / Mar /Partner/Div /Sep / Wid | | | | | |
| Is this your legal name? | | | Guarantor? Yes No  IF No, who will be responsible for bills? | | | | | (Former name): | | Birth date: | | | | | | Age: | | | | | Gender:   * M * F * Transgender * Other\_\_\_\_\_\_ | | |
| ❑ Yes | ❑ No | |  | | | | |  | | / / | | | | | |  | | | | |  | |  |
| Street address: | | | | | | | | | | | | | | |  | | | phone no.: | | | | | |
|  | | | | | | | | | | | | | | |  | | | ( ) | | | | | |
| Email: | | | | | | City: | | | | | | | State: | | | | | | | ZIP Code: | | | |
|  | | | | | |  | | | | | | |  | | | | | | |  | | | |
| Occupation: | | | | | |  | | | | | | | | | | |  | | | | | | |
|  | | | | | |  | | | | | | | | | | |  | | | | | | |
| Chose clinic because/Referred to clinic by: | | | | | | | | ❑ Google Search |  | | | | | | | | | | ❑ Insurance Plan | | | ❑ Psychology Today | |
| ❑ Family | | ❑ Friend | | ❑ other: | | | ❑ CCRC website | | | | | | ❑ Facebook | | | | | |  | | | | |

**Second Client:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client’s last name: | | | First: | | Middle: | | ❑ Mr.  ❑ Mrs. | ❑ Miss  ❑ Ms. | | Marital status (circle one) | | | |
|  | | | | | | | S / Mar /Partner/Div /Sep / Wid | | | |
| Is this your legal name? | | Relationship to Client: | | (Former name): | | | | | Birth date: | | Age: | Gender: | |
| ❑ Yes | ❑ No |  | |  | | | | | / / | |  |  |  |
| Street address (if different): | | | | | | Email address: | | | | phone no.: | | | |
|  | | | | | |  | | | | ( ) | | | |

**Children:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client’s last name: | | | First: | | Middle: | |  |  | | School: | | | |
|  | | | | | | |  | | | |
| Is this your legal name? | | Relationship to Client: | |  | | | | | Birth date: | | Age: | Gender: | |
| ❑ Yes | ❑ No |  | |  | | | | | / / | |  |  |  |
| Street address (if different): | | | | | |  | | | | phone no.: | | | |
|  | | | | | |  | | | | ( ) | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client’s last name: | | | First: | | Middle: | |  |  | | School: | | | |
|  | | | | | | |  | | | |
| Is this your legal name? | | Relationship to Client: | |  | | | | | Birth date: | | Age: | Gender: | |
| ❑ Yes | ❑ No |  | |  | | | | | / / | |  |  |  |
| Street address (if different): | | | | | |  | | | | phone no.: | | | |
|  | | | | | |  | | | | ( ) | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client’s last name: | | | First: | | Middle: | |  |  | | School: | | | |
|  | | | | | | |  | | | |
| Is this your legal name? | | Relationship to Client: | |  | | | | | Birth date: | | Age: | Gender: | |
| ❑ Yes | ❑ No |  | |  | | | | | / / | |  |  |  |
| Street address (if different): | | | | | |  | | | | phone no.: | | | |
|  | | | | | |  | | | | ( ) | | | |

**Insurance Information (select one) ❑ Aetna ❑ BCBS PPO**

**❑ Out of Network: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Subscriber’s last name: | | | First: | | Middle: | |  |  | ID# | | | |
|  | | | | | | |  | | | |
| Group ID: | | Relationship to Client: | | Are all clients listed above covered by this policy?: | | | | | Subscriber’s birth date: | Age: | Gender: | |
|  |  |  | | Yes No | | | | | / / |  |  |  |
| Street address (if different): | | | | | |  | | |  | | | |
|  | | | | | |  | | |  | | | |

**Credit Card Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | | First: | | Middle: | | |  |  | | Type of Card: | | | |
|  | | | | | | |  | | | |
| Credit Card #: | | | CVV #: | | | Expiration Date: | | |  | |  | |
|  |  | |  | | |  | | |  | |  |  |
| Street address (if different): | | | | |  | | | | |
|  | | | | |  | | | | |

Signature allows the therapist to use the client’s credit card information to charge for session co-pays, missed sessions, and any other fees or charges agreed to by the client. The credit information will be stored in a protected secure data base.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Date