### 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 NoIF 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