

Client Registration

Date _____

Client Name(s) _____ Age _____

Address _____

Home Phone _____ Cell Phone _____

E-Mail _____

Reason for seeking treatment

Is client currently involved in any legal proceedings and if so, please detail below

EMERGENCY CONTACT

Name _____ Phone# _____

Relationship to client _____

Client(s)

Signature _____ Date _____

Signature _____ Date _____