

CLIENT REGISTRATION

Date _____

Client Name(s) _____ **DOB** _____

Address _____

Home Phone _____ **Cell Phone** _____

E-Mail _____

Reason for seeking treatment and what medications, if any is client currently prescribed

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** _____