

Client Registration Form

Date Completed: _____

Client Legal Name (Last, First, MI): _____

Physical Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address (if different): _____

Date of Birth: _____ **Age:** _____ **Sex/Gender Identity:** _____

School: _____ **Grade:** _____

Diagnosis: _____

Other Conditions: _____

Client Lives with (check all that apply): Alone ____ Father ____ Mother ____ Other ____ Specify _____

Ethnicity of Client (check all that apply):

American Indian / Alaska Native ____ Black or African American ____ Asian ____ White ____

Hispanic or Latino ____ Native Hawaiian or Other Pacific Islander ____ Other ____ I prefer not to say ____

Language(s) spoken at home: _____

Religious/Spiritual/Cultural Beliefs: _____

Must Complete if Client is Under Age 18 or has a Legal Guardian:

Parent 1/Legal Guardian Name: _____

Parent 1/Legal Guardian Date of Birth: _____

Relationship to client (*please check one*): Biological ____ Adoptive ____ Step ____ Foster ____

Mother / Father / Other _____

Address: _____

Check if Same Address as Above

Phone: Home _____ Work _____ Cell _____

Email: _____

Occupation/Employer: _____

Highest Level of Education Attained (please circle):

High School: 9 10 11 12 College: 1 2 3 4 Graduate School

Parent 2/Legal Guardian Name: _____

Parent 2/Legal Guardian Date of Birth: _____

Relationship to client (*please check one*): Biological _____ Adoptive _____ Step _____ Foster _____
Mother / Father / Other _____

Address: _____

Check if Same Address as Above

Phone: Home _____ Work _____ Cell _____

Email: _____

Occupation/Employer: _____

Highest Level of Education Attained (please circle):

High School: 9 10 11 12 College: 1 2 3 4 Graduate School

Client Parent Marital Status (check): Married _____ Legally Separated _____ Divorced _____ Single _____ Widowed _____

If Divorced or Separated, Who is responsible for Legal Medical Decision Making for the Client?

***A copy of your custody agreement may be requested prior to receiving services**