

## REGISTRATION FORM

**PERSONAL INFORMATION:**

Date: \_\_\_\_\_

Circle: Mr. Ms. Mrs. Dr. Prof. Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone:(\_\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: M F Soc. Sec. No: \_\_\_\_\_

**EDUCATION:** Circle highest level of education obtained. Write "some" below highest category if not completed:

Elem Middle High Tech College Masters PhD MD DDS Other \_\_\_\_\_

**RELATIONSHIP:** Circle relationship:

divorced married partnered remarried separated single widowed I'm a child

**BUSINESS (OR SCHOOL) INFORMATION:**

Job Title (or student) \_\_\_\_\_

Business or School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_

Pager: (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

**RELATIONSHIP** (If you are a child, give names of parents. If you are married or partnered, give name of significant other)

Name: \_\_\_\_\_ Sex: M F Name: \_\_\_\_\_ Sex M F

Address \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home tel:(\_\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_\_ Home tel:(\_\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_\_

Work tel: :(\_\_\_\_\_) \_\_\_\_\_ Work tel:(\_\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Relationship: (mother, stepmother, wife, etc.) Relationship: (mother, stepmother, wife, etc.)

**OTHER FAMILY:**

Please list family members not identified on front side of this form:

First Name	Last Name	Relationship	Date of Birth	lives with?
_____	_____	_____	_____	Y N
_____	_____	_____	_____	Y N
_____	_____	_____	_____	Y N
_____	_____	_____	_____	Y N
_____	_____	_____	_____	Y N
_____	_____	_____	_____	Y N

**INSURANCE INFORMATION:**

<i>Primary</i> Company _____	<i>Secondary</i> Company _____	<i>Tertiary</i> Company _____
Group # _____	Group # _____	Group # _____
ID# _____	ID# _____	ID# _____
*Policy Holder: _____	*Policy Holder: _____	*Policy Holder: _____
Holder's Soc Sec# _____	Holder's Soc Sec# _____	Holder's Soc Sec# _____

\*(Who is the owner of the policy you are using?: self, husband, wife, father, etc., or give name for clarity)

**RESPONSIBLE PARTY:**

Who should be billed if insurance does not cover services? Give name, etc. if not elsewhere on this form

Circle: Self Spouse Parent Guardian Agency Other \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M F

Address \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Employer \_\_\_\_\_

**REFERRAL INFORMATION:**

How did you hear about us?:

1. On my own via a (circle): friend relative spouse/sig other a therapist at this practice website advertisement  
 employer yellow pages other: \_\_\_\_\_

**OR**

2. I was referred by: Name: \_\_\_\_\_

Occupation or title: \_\_\_\_\_

Business/Organization: \_\_\_\_\_