



Client Registration Form

Today's Date: _____

Client Information:

Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

How may I contact you?

(Check and fill in all that apply)

Home Phone: _____ Voicemail OK? Yes No

Cell Phone: _____ Voicemail OK? Yes No | Text OK? Yes No

Work Phone: _____ Voicemail OK? Yes No

Email: _____

Are you interested in receiving appointment reminders?

(If yes, check your preferences)

Text Message or Voicemail: _____

Email: _____

Relationship Status:

(Check all that apply)

Single (never married) Married Separated Divorced Widowed

Common Law Non-cohabitating partner Cohabitating partner

Name of Partner/Spouse: _____

Children:

Please list names/ages of your children, step-children, foster children below:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Emergency Contact Information:

Name: _____ Relationship to client: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Referral Information:

How did you hear of In the Moment Counseling, LLC? (e.g. current/former client, therapist, physician, friends/family, Google search, Psychology Today, Good Therapy, etc?)

If a person directly referred you to In the Moment Counseling, please let me know whom to thank!

May I contact this person to thank them? Yes No