

**CLIENT REGISTRATION**

**Client Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: (Is this your home address?) Y N

\_\_\_\_\_  
City, State Zip Code

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Where would you prefer to receive reminder calls? Home Cell

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Spouse, Subscriber, or Parent (if Client is a Minor)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: (Is this your home address?) Y N

\_\_\_\_\_  
City, State Zip Code

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Others in the Household**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Whom may we thank for referring you: \_\_\_\_\_

Unless otherwise specified you are granting *Elpis Counseling, LLC* with permission to correspond with you via all contact information provided above. Please specify any limitations you may have regarding correspondence from our office (i.e., do not call my job or do not leave a message on my answering machine, etc.).

\_\_\_\_\_  
**Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_