

Hope in Healing Counseling and Wellness, LLC
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New Client Registration

Date: _____

Name: _____ DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (_____) _____ Can I leave messages/text on this phone? Yes No

Secondary Phone: (_____) _____ Can I leave messages/text on this phone? Yes No

E-mail: _____ May I email you? Yes No

What is the best way to get a hold of you? _____ What is the best time to get a hold of you? _____

Emergency Contacts

Emergency Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone:(_____) _____ Secondary Phone:(_____) _____

In case of an emergency, permission to contact? Yes No Permission to leave a message? Yes No

How did you hear about Hope in Healing Counseling and Wellness, LLC? _____

Name of Person Referring: _____

Client Signature: _____ Date: _____