

### 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: \_\_\_\_\_