

### 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, I grant permission to contact my emergency contact? ☐ Yes ☐ No

In case of an emergency, I grant permission to leave a message with my emergency contact? ☐ Yes ☐ No

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

Name of Person Referring: \_\_\_\_\_

☐ Physician ☐ Therapist ☐ Friend ☐ Relative ☐ Co-Worker ☐ Other \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_