

# Better Days Ahead, LLC

Gianny Diaz, LCSW, CSAT, EDMR trained

Phone: 786-383-2370

Email: [betterdaysahead27llc@gmail.com](mailto:betterdaysahead27llc@gmail.com)

## Patient Registration

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

### Client's Information

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_

Cell phone \_\_\_\_\_ Marital Status \_\_\_\_\_

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

**Client's Employer** \_\_\_\_\_ Work phone \_\_\_\_\_

Position \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Family Physician** \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

### **Emergency Contact**

Name \_\_\_\_\_ phone # \_\_\_\_\_

Relationship to client: \_\_\_\_\_