**Registration Form**

**Basic Information**

Date:

Name: Date of Birth:

Birth Sex: Sexual orientation:

Gender Identity: Race:

Marital Status: Employment Status:

Address:

Preferred phone contact number: Leave message? Y N

Text message? Y N

Email address:

**If you are planning to use insurance, please complete the following and allow us to make a copy of your insurance card:**

Name of insurance company:

Name of insured:

Address of Insured:

Insurance ID#:

Emergency Contact:

In case of an emergency, who should we contact?

Name:

Phone Number: Relationship to you:

**Chief Concern**

Please describe the main difficulty that has brought you to see me:

Have you had prior counseling? Please describe:

What are your goals for therapy: