Empowering Relief Counseling, PLLC
Affirm * Connect * Empower
5802 S 900 E, Unit 1
Murray, UT 84121
(p) 385-800-3272 * (f) 385-800-3260
http://www.ercounseling.com

REGISTRATION FORM

Full Legal Name:	Today's Date:	Date of Birth:
	Sex/Gender:	Age:

Address:	City:	State:	Zip:

Home Phone:	Cell Phone:	Email Address:
Okay to leave a message? Y N Okay to text? Y N N/A	Okay to leave a message? Y N Okay to text? Y N N/A	

I would like a reminder of my appointments (check all that apply): ☐Telephone ☐Text Message ☐Email ☐None

Please briefly describe the problem(s) for which you are seeking services:

EMERGENCY CONTACT

Name:	Relationship:	Home Phone:	Cell Phone:

Address:	City:	State:	Zip:

INSURANCE INFORMATION ☐Not Applicable

Insurance Provider:	Name of Primary Insured:	Member #:	Group #:

Address:	City:	State:	Zip:
Primary Insured Address:	City:	State:	Zip:

Telephone #:	Co-Payment Amount:	Primary Insured Date of Birth:	Deductible? Y / N If so, how much?

If you have insurance, please provide us with a copy of your insurance card prior to your initial evaluation.

FOR CHILDREN UNDER 18 YEARS OF AGE

Parent(s)/Legal Guardian(s) Name(s):	Type of Custody: _____ N/A _____ Joint _____ Sole _____ Physical _____ Legal _____ No Custody _____Other_____

If more than one legal guardian/parent, please provide contact information for the other parent/guardian.

Address:	City:	State:	Zip:

Home Phone:	Cell Phone:	Email Address:

MEDICAL INFORMATION

Primary Care Physician:	Office Phone:

Address:	City:	State:	Zip:

Present Health Concerns:	Medications:	Food/Drug Allergies:

EMPLOYMENT INFORMATION

Employer:	Office Phone:

Address:	City:	State:	Zip: