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

Legal Name:	Preferred Name:	Today's Date:	Date of Birth:

Legal Sex/Gender:	Preferred Sex/Gender:	Race:	Age:	Primary Care Physician (PCP):	PCP Telephone #:

Address:	City:	State:	Zip:

Telephone #: Okay to leave a message with business name? Y N Okay to text? Y N	Email Address: Okay to email identifying business name? Y N	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:	Telephone #:	Relationship:

INSURANCE INFORMATION

Primary Insurance

Insurance Carrier:	Member ID #:	Group ID #:	Name of Primary Insured:

Relationship to Primary Insured:	Date of Birth of Primary Insured:	Copayment:	Deductible:

Primary Insured Address:	City:	State:	Zip:

Secondary Insurance

Insurance Carrier:	Member ID #:	Group ID #:	Name of Primary Insured:

Relationship to Primary Insured:	Date of Birth of Primary Insured:	Copayment:	Deductible:

Primary Insured Address:	City:	State:	Zip:

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/Legal Guardian:	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.

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

Address:	City:	State:	Zip:

OTHER INFORMATION

Food/Drug Allergies:	
Employer:	Employer Telephone #: