

THRIVE THERAPY & COUNSELING

CLIENT REGISTRATION FORM

() INDIVIDUAL SESSIONS

() COUPLES SESSIONS

() GROUP SESSIONS

Client #1 Name: (last) _____ (first) _____

Phone number: _____ Texting ok? _____ Calls ok? _____

Email address: _____ emails okay? _____ Do you do Instagram? _____

Address: _____

Date of birth: _____ Age now: _____ Gender: _____

Your job: _____

Emergency contact: _____ Phone: _____

Responsible party for payment? () YES () NO

Client #2 Name: (last) _____ (first) _____

Phone number: _____ Texting ok? _____ Calls ok? _____

Email address: _____ emails okay? _____ Do you do Instagram? _____

Address: _____

Date of birth: _____ Age now: _____ Gender: _____

Your job: _____

Emergency contact: _____ Phone: _____

Responsible party for payment? () YES () NO

How many sessions would you like to attend? () Weekly () Bi-weekly () Monthly () Other: _____

How would you like to pay for your sessions? () Cash () Credit Card () Venmo () PayPal () Other: _____

HOW DID YOU HEAR ABOUT THRIVE?

____ WEBSITE

____ FRIEND / FAMILY REFERRAL > Name: _____

____ YELP

____ DOCTOR > Name: _____

____ GOOGLE

____ Instagram ____ Business Card ____ Vehicle Decal

____ GOOGLE MAPS

____ OTHER >>>

I / WE, HAVE RECEIVED THE FOLLOWING FORMS / RETURNED THEM: **** Office use ONLY ****

____ Registration Form

____ Liability Waiver Form

____ Basics Information

____ Credit Card Information Form

____ Informed Consent Form

____ Do you like audio books?

____ Client Agreement & Responsibilities

____ Therapy Goals

____ Couples Questionnaire