

# REGISTRATION

Date \_\_\_\_\_ Therapist \_\_\_\_\_ Referred by \_\_\_\_\_

**Our staff will make every effort to use your \*PREFERRED name if it differs from your legal name. However, we are required to use your LEGAL name for official correspondence for billing and other administrative purposes.**

## CLIENT INFORMATION

**LEGAL NAME** FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
**\*PREFERRED** FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
 STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 AGE \_\_\_\_\_ GENDER \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

**WE WILL ATTEMPT TO REACH YOU AND/OR LEAVE A MESSAGE AT ANY OF THE NUMBERS YOU PROVIDE US.**

**HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_  
Area Code Area Code Area Code

**EMAIL CONFIRMATION** (please print carefully) \_\_\_\_\_

## SECONDARY/GUARANTOR ADDRESS (FOR BILLING STATEMENTS) CHECK IF SAME AS ABOVE

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_

**IS PATIENT'S CONDITION RELATED TO?**

EMPLOYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	AUTO ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
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**POLICY HOLDER'S INFORMATION**   CHECK IF SAME AS ABOVE      **RELATIONSHIP TO INSURED** Please  check one  
 PARENT  SELF  SPOUSE/PARTNER  
 FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
 STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ **HOME/CELL PHONE** \_\_\_\_\_  
Area Code

## PARENT/GUARDIAN INFORMATION (IF PATIENT IS UNDER 18 YEARS OF AGE)

### PARENT 1/GUARDIAN

**LEGAL NAME** FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
**\*PREFERRED** FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
 STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
**HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_  
Area Code Area Code Area Code

### PARENT 2/GUARDIAN

**LEGAL NAME** FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
**\*PREFERRED** FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
 STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
**HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_  
Area Code Area Code Area Code