

Steve Riser, LPC-MHSP, M.Div.

**CLIENT REGISTRATION**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ DOB: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE \_\_\_\_\_

IS IT OK TO LEAVE CLIENT A MESSAGE? \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

RESPONSIBLE PARTY: \_\_\_\_\_

RELATIONSHIP TO CLIENT: \_\_\_\_\_

HAVE YOU HAD PREVIOUS TREATMENT? IF SO, WITH WHOM?

\_\_\_\_\_

PRIMARY CARE PHYSICIAN \_\_\_\_\_

DATE OF LAST PHYSICAL EXAM: \_\_\_\_\_

ARE YOU CURRENTLY ON MEDICATION? Please list any.

\_\_\_\_\_

=====

WHO REFERRED YOU TODAY? \_\_\_\_\_

WHAT ARE YOUR REASONINGS FOR CHOOSING THERAPY/COUNSELING?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO I HAVE YOUR PERMISSION TO TEXT YOU OR EMAIL YOU REMINDERS ABOUT YOUR  
UPCOMING APPOINTMENTS? YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_