

**Client Registration**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**First Name, Middle Initial**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Sex**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Marital Status**

( ) \_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**Employer/School**

( ) \_\_\_\_\_  
**Work Phone**

\_\_\_\_\_  
**Custodial Parent, or Spouse**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Sex**

\_\_\_\_\_  
**City, State, Zip**

( ) \_\_\_\_\_  
**Home Phone**

( ) \_\_\_\_\_  
**Work Phone**

**Best Number to Contact you at?**

**May I leave a message at this number?**

**Email address:**

**Referral Source:**

\_\_\_\_\_  
**Signature of person responsible for payment on this account**

\_\_\_\_\_  
**Printed name**

\_\_\_\_\_  
**Date**