



## Client Registration Form

### CLIENT INFORMATION

Client Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Street Address: \_\_\_\_\_  
\_\_\_\_\_

Home Number: \_\_\_\_\_ You CAN \_\_\_ or CAN NOT \_\_\_ leave a message

Cell Number: \_\_\_\_\_ You CAN \_\_\_ or CAN NOT \_\_\_ leave a message

Email Address: \_\_\_\_\_ You CAN \_\_\_ or CAN NOT \_\_\_ email a message

Emergency Contact: \_\_\_\_\_ Nu.: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you hear about SRH Counseling? \_\_\_\_\_

For Office Use Only: Assigned Client Number: \_\_\_\_\_

### PERSONAL INFORMATION

Do you have any current medical problems?

\_\_\_\_\_  
\_\_\_\_\_

Are you taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

Currently Employed: \_\_\_\_\_ Yes \_\_\_\_\_ No Employer/Occupation: \_\_\_\_\_

Have you ever previously sought counseling? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what was the reason:

\_\_\_\_\_  
\_\_\_\_\_

Therapist: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Therapist: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**How satisfactory was your experience with any previous counselors?**

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**How would you define or describe your faith system or spirituality (if any)?**

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**How are you hoping to benefit from counseling?**

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**FAMILY INFORMATION**

**Relational Status:** \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

**Children:**

- 1) \_\_\_\_\_ Age: \_\_\_\_\_  
2) \_\_\_\_\_ Age: \_\_\_\_\_  
3) \_\_\_\_\_ Age: \_\_\_\_\_

**Is there anything else you'd like to share about your family history or your current family?**

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**SIGNATURES:**

**By signing this form, I agree to have answered each question to the best of my ability. I also agree to read and sign the Counseling Agreement for SRH Counseling.**

**Client/Guardian Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Client/Guardian Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**I agree to protect the confidentiality of this information, and any other personal information shared by the client, as outlined in the Counseling Agreement.**

**Counselor Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_