

**New Client Registration**

Today's Date: \_\_\_\_\_

(office use only) DSM V \_\_\_\_\_

**Judith C Cantor**  
2012 NE 65th Street  
Seattle, WA 98112  
206-526-8137

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ May I call you at this number? ~~YYY YYYN~~ Leave a message? ~~YYY YYYN~~

Person Responsible for Bill: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date Married: \_\_\_\_\_ Previous Marriage ~~YYY YYYN~~ Date: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Sec #: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
\  
Employer (self): \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ May I call you at this number? ~~YYY YYYN~~ Leave Message? ~~YYY YYYN~~

## New Client Registration

### Insurance and Health Care Information

Name of Subscriber: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Group # \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Secondary Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_ Subscriber # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Group Number: \_\_\_\_\_

### Medical and Referral Information

Name of Physician: \_\_\_\_\_ Date of last physical: \_\_\_\_\_

Address of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

By whom were you referred to our office? \_\_\_\_\_ Relationship: \_\_\_\_\_

Medications Presently Taking: \_\_\_\_\_

Prescribed by : \_\_\_\_\_ Telephone: \_\_\_\_\_

### Emergency Contact

In Emergency, Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Previous Counseling**

Namer of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Purpose: \_\_\_\_\_