



## INITIAL REGISTRATION

**PLEASE COMPLETE ALL INFORMATION**

<b>Client Name</b> (Last, First, Middle Initial)	<b>Gender:</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
<b>Race:</b> (Check all that apply)		<b>Ethnicity:</b>	
<input type="checkbox"/> American Indian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Filipino	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Asian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Korean	<input type="checkbox"/> White/Caucasian	
<b>Language:</b>			

To better serve you and maintain your confidentiality, we need to know the best ways to contact you.

May we contact you by mail?     YES     NO

<b>Physical Address:</b>	<b>Mailing (If different)</b>
_____	_____
_____	_____
_____	_____

May we contact you by phone?     YES     NO

**Primary Phone:**    (\_\_\_\_\_) \_\_\_\_\_    Home\_\_\_ Cell\_\_\_

Alternate Phone:    (\_\_\_\_\_) \_\_\_\_\_    Home\_\_\_ Cell\_\_\_

Other Phone:    (\_\_\_\_\_) \_\_\_\_\_    Home\_\_\_ Cell\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Full Insurance Name:**

\_\_\_\_\_

I certify that the above information is a true and complete statement to the best of my knowledge.

**Client Signature (If under age 18, Parent / Guardian Signature)** \_\_\_\_\_ **Date** \_\_\_\_\_