

**DX** \_\_\_\_\_  
Dr. Seeman to fill in

***Client Registration Information***

**Client Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt#

City State Zip

**Home:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
 messages ok?  messages ok?  messages ok?

Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

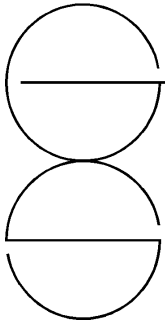
**PRIMARY INSURANCE INFO:** (Optional for private pay clients. Please indicate by check mark if same as above.)

Insurance Company/3<sup>rd</sup> Party Payer: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance Co. Phone: \_\_\_\_\_

ID#: \_\_\_\_\_ Group# \_\_\_\_\_



## Client Registration Information

(Asterisked (\*) fields below are optional)

Your Occupation: \_\_\_\_\_ How long on present job? \_\_\_\_\_

Email: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Are you:

Married/Partnered

Single

Separated

Divorced

Widowed

Living with spouse/partner?  Yes  No If yes, how long? \_\_\_\_\_

\*Ethnicity: \_\_\_\_\_

Religious/Spiritual Orientation (asked to better understand your worldview):  
\_\_\_\_\_

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Do you want religion/spirituality included in psychotherapy?  Yes  No  Not sure

\*Do you have a work related problem?  Yes  No

Are you currently on:  Workers compensation?  SSI?  State disability?

Person to contact in emergency or if you can't be reached: \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
Street City State Zip

Relationship to you: \_\_\_\_\_

Phone(s): \_\_\_\_\_