



Orlando Family Counseling, Inc.

Client Registration Form (ADULT)

Client Name _____
(Last) (First) (Middle) (Nickname)

Address: _____

City: _____ State: _____ Zip Code _____

Home Phone: () _____ Work Phone: () _____ Ext# _____

Cell Phone: () _____ E-Mail Address: _____

Soc. Sec. #: _____ Birth Date: _____ Age: _____

Sex: M F Martial Status: Single Married Divorced Widowed

Employer: _____

If student, school attending: _____

If dependent child, custodial parents are: Married Separated Divorced Other

IN CASE OF AN EMERGENCY NOTIFY: Name: _____

Relationship: _____

Phone: () _____

RELIGION/FAITH: Do you attend church? Yes; No

How frequently?: Occasionally, Weekly, More than once a week

Are there any recent changes in your faith or church attendance? _____

Referred here by: _____

Financially Responsible Party Information

(If the same as the client please complete only #1 and #6 of this section and sign at the bottom, if different, please complete all blanks) _____ PRIVATE PAY; _____ INSURANCE

1. Name: _____
(Last) (First) (Middle)

2. Address: _____

3. Relationship to Client (Circle one): Spouse, Mother, Father, Sibling, Relative, Friend, Other

4. Home Phone: () _____

5. Soc. Sec. #: _____ Birth Date: _____

6. Drivers License #: _____ Primary Insurance _____ Attach a Copy of Ins.Card

7. Guarantor's Employer: _____

8. Occupation: _____

9. Work Phone: () _____

10. Special Arrangements: _____

Responsible Person AGREEMENT: I certify that the above information is true and correct. I agree to take full responsibility for the entire amount due for any and all services rendered by Orlando Family Counseling, Inc.

Signature (Client signature if client is the one responsible for payment) Date