



## REGISTRATION FORM

Please print clearly and fill in information completely. Thank you!

Client's name \_\_\_\_\_ Today's date \_\_\_\_\_

Birth day \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

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

May I send information to your home?  Yes  No

May I send forms, newsletters, appointment reminders, and similar material to you via email?  Yes  No

Email address (if "Yes" is checked above) \_\_\_\_\_

When I call one of the phone numbers you have listed, I will first ask to speak to you (the client) or the guardian without identifying Flourish Counseling Milwaukee (to protect confidentiality). If the person answering the phone asks for additional identifying information, I will say that it is a personal call. I will only give my first name. I will use the same guidelines if I reach voicemail or an answering machine.

**Phones** (circle your preferred phone and check message preferences):

Cell \_\_\_\_\_  voicemail okay  another person okay  do not leave message

Home \_\_\_\_\_  voicemail okay  another person okay  do not leave message

Work \_\_\_\_\_  voicemail okay  another person okay  do not leave message

**Parent/Guardian Information** (if client is a minor)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

**Phones** (circle your preferred phone and check message preferences):

Cell \_\_\_\_\_  voicemail okay  another person okay  do not leave message

Home \_\_\_\_\_  voicemail okay  another person okay  do not leave message

Work \_\_\_\_\_  voicemail okay  another person okay  do not leave message

**Payment**

Person responsible for payment \_\_\_\_\_

**Emergency Information**

In case of emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_

Address \_\_\_\_\_

**CLIENT SIGNATURE** \_\_\_\_\_

**GUARDIAN SIGNATURE (IF APPLICABLE)** \_\_\_\_\_

**SIGNATURE OF PERSON RESPONSIBLE FOR PAYMENT** \_\_\_\_\_

(if other than person above)