

### Client Registration – Adult

Please Print Clearly

Client Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ OK to send a message?  Yes  No

Home Phone \_\_\_\_\_ OK to leave a message?  Yes  No

Cell Phone \_\_\_\_\_ OK to leave a message?  Yes  No  
OK to Text a message?  Yes  No

Work Phone \_\_\_\_\_ Ext \_\_\_\_\_ OK to leave a message?  Yes  No

Birthdate \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse/Partner's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

#### Who may we thank for referring you?

Name: \_\_\_\_\_ Phone #, as appropriate: \_\_\_\_\_

#### How did you hear about us?

- Word of Mouth  Previous Client  Friend  Another Provider  FLS Website  
 Psychology Today  AASECT Directory  Internet/by searching: \_\_\_\_\_  
 Other \_\_\_\_\_

I certify that the above information is correct:

Date : \_\_\_\_\_ Client Signature: \_\_\_\_\_

**I hereby authorize Francie L. Stone/FLS Consulting, LLC to utilize the credit card below for payment of services rendered. Please bring the credit card to your first appointment.**

Type of Card  Visa  MasterCard  Discover  Am Express  Other \_\_\_\_\_

Name On Card (as it appears) \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature as it appears on the card \_\_\_\_\_

Date \_\_\_\_\_