

# Registration Form

(To Be Completed by Client)

Thank you for choosing me for your therapeutic needs. Please answer the following questions so that I may completely and accurately serve you. Also, please read and sign the accompanying form(s).

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mobile # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Is it okay to call these numbers? Yes / No

Email address\* \_\_\_\_\_

Is it okay to email? Yes / No

How would you like to be contacted? Email / Phone / Mail

**Please Note:** All clients receive our monthly electronic newsletter. **Happy Relationships Matter!**, which will keep them up to date on the latest news in our practice, and will bring helpful articles on mental health topics to their inbox. We also offer special discounts on Richard's eBooks and relaxation CDs to our clients through the newsletter, as well. Be sure to confirm this subscription when you get an e-mail message from us.

DOB \_\_\_\_\_ SS# \_\_\_\_\_ Sex: Male / Female

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

EAP Co. \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Personal ID# \_\_\_\_\_

Contract # \_\_\_\_\_

Insured's Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Insured's Address \_\_\_\_\_ Employer \_\_\_\_\_

(Please remember to bring your insurance card to allow us to make a copy of it)

Referred by \_\_\_\_\_ May we thank this person? Yes/No

Relationship Status (Please circle one)

Single (never married)    Cohabiting (living together)    Separated

Widowed    Significant Other    First Marriage

Remarried (after spouse's death)    Remarried (after divorce)    Divorced

Spouse/Partner \_\_\_\_\_ DOB \_\_\_\_\_

Address (if different) \_\_\_\_\_

Telephone # \_\_\_\_\_

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

Give a brief explanation of why you are here today

---

---

---

I hereby consent and authorize to have this therapist/agency make any and all insurance claims on my/our behalf. Please let us know about any questions concerning insurance reimbursement and financial responsibility that you may have.

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

Richard E. Hamon, MA

Licensed Marriage and Family Therapist

2716 Old Rosebud Road, Suite 230

Lexington, KY 40509

Phone: (859) 749-3440 (859) 963-9010 Fax: (859) 963-9055

[www.Happy-Relationships.com](http://www.Happy-Relationships.com)