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ADULT INDIVIDUAL REGISTRATION FORM

 **\_\_\_\_\_\_\_ \_\_\_\_\_\_**

Today’s Date:

Name: Age: Date of Birth: \_\_\_\_\_\_

Address: Phone (home): \_\_\_\_\_\_

City, State, Zip: Phone (work): \_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (other): \_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Phone: \_\_\_\_\_\_

 **\_\_\_\_\_\_**

Relationship status:

\_\_\_married \_\_\_common law \_\_\_single (never married) \_\_\_divorced \_\_\_separated \_\_\_non-cohabitating partner \_\_\_cohabitating partner \_\_\_widowed

Name of Partner/Wife/Husband: \_\_\_\_\_\_

Name(s) of children and ages: \_\_\_\_\_\_

 **\_\_\_\_\_\_**

Name of present employer: \_\_\_\_\_\_

Address: City, State, Zip \_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Present Health Concerns:

Medications:

Nutrition: Generally good? Yes\_\_\_\_No\_\_\_\_Dietary restrictions?\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Past significant illnesses, injuries, or disabilities

Hospitalizations:

**What is the primary concern or problem for which you are seeking help?**

Previous Counseling:

If yes, please note any way that previous therapy was helpful

Referred by

Credit Card Information:

Name on CC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CVV Code (on back of card)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip (associated with card) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_