



Healing the Mind and Spirit

CLIENT REGISTRATION

Date _____

Client Name(s) _____ **Age** _____

Address _____

Home Phone _____ **Cell Phone** _____

E-Mail _____

Reason for seeking treatment

Is client currently involved in any legal proceedings and if so, please detail below

EMERGENCY CONTACT

Name _____ **Phone#** _____

Relationship to client _____

Client(s)
Signature _____ **Date** _____