

GLOW COUNSELING CENTER

Registration Form

Today's Date _____

Name: _____ Age: _____ DOB: _____
 (Client's name)

Name I prefer to be called (if different from above): _____

Address: _____
 (Street) (City/zip code) (County)

Phone: _____
 (Home) (Cell) (Work) (Fax)

SSN#: _____ Education Level: _____

Racial? Ethnic Origin: African African-American Asian Caucasian
 Latino/a Middle Eastern Native American/Indian Alaskan Native
 Multicultural: _____ other: _____

Religious/Faith affiliation: _____ Religion raised with: _____

Sexual orientation/identity: Bisexual Gay Heterosexual/Straight Lesbian
 Queer Questioning Transgender Other

Relationship Status: married common law single separated divorced
 non-cohabiting partner cohabiting partner widowed other

Name of Partner? Wife/Husband: _____

List your children, stepchildren, and foster children below:

Name	Age	Birth Date	Relationship	Living with you?	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

(For clients under 18 years old, please fill out information below.)

Parents(s) Name: _____

Type of Custody N/A joint sole residential no custody

Custody Information:

_____ (Name) _____ (Name)

_____ (Address) _____ (Address)

_____ (Phone) _____ (Phone)

List your siblings in rank order of their birth. Next to their name, indicate their age:

What is your birth order? _____

Who are the adults you grew up with? (Please list below)

Name	Relationship	Living?

Occupation: _____ Employer : _____

Address: _____
(Street) (City, State, Zip)

Length of Employment in Present Position: _____

Primary Care Physician: _____

Present Health Concerns: _____

Medications: Yes No If yes, please list meds and give reason: _____

Hospitalizations: Yes No If yes, please list dates and give reason: _____

Previous Counseling: Yes No If yes, please list dates and give reason: _____

Who to call in case of emergency? :

(Name & phone number(s))

How do you hear about us? ___ referral ___ website ___ internet search ___ flyer ___ phone book
___ lecture or workshop ___ Other: _____

Referral source: _____