

**REGISTRATION HISTORY**

Client Name \_\_\_\_\_

Date \_\_\_\_\_ Married Single Divorced Widowed

If Minor parents full names \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If minor state name and address of custodial parent \_\_\_\_\_

Client Employed \_\_\_\_\_

Business address \_\_\_\_\_

Phone # Business \_\_\_\_\_ Phone # Personal \_\_\_\_\_

Current Position \_\_\_\_\_ Years Employed \_\_\_\_\_

Spouses Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Phone #Personal \_\_\_\_\_ Phone # Business \_\_\_\_\_

Emergency contact (please list all phone numbers)  
\_\_\_\_\_  
\_\_\_\_\_

Responsible for \_\_\_\_\_

Payment Method;  
Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge \_\_\_\_\_

Credit Card / Debit Number / Card Type \_\_\_\_\_

Card Holder \_\_\_\_\_ Expiration \_\_\_\_\_

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

Referred  
By \_\_\_\_\_

Preferred Appointment Day \_\_\_\_\_ Time \_\_\_\_\_

Should we have a sudden change of schedule and need to contact you what number would you prefer that we call \_\_\_\_\_