



# Desert Sage Counseling LLC

Kayenta Therapy Center

9402 W. Lake Mead Blvd., Las Vegas, NV 89134

(702) 335-2306 FAX (702) 254-7830 www.DesertSageCounseling.net

## CLIENT REGISTRATION FORM

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ SSN#: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Circle the number we may leave you a reminder appointment message at.

E-Mail Address: \_\_\_\_\_

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

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

### Current Medications:

<u>Medication Name</u>	<u>Prescribing Doctor</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Spouse/Partner's Name, if applicable: \_\_\_\_\_

Children: Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

How did you hear about Desert Sage Counseling? \_\_\_\_\_