

Stephen W. Koelemay, PsyD
REGISTRATION FORM

Today's Date: _____

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

Address: _____
(street) (city/zip code) (county)

Phone: _____
(home) (cell) (work)

Email: _____

Racial/Ethnic Origin: ___ African ___ African-American ___ Asian ___ Caucasian
___ Latino/a ___ Middle Eastern ___ Native American/Indian ___ Alaska Native
___ Multicultural: _____ Other: _____

Spiritual/Religious Affiliation (if any): _____

Relationship Status: ___ married ___ common law ___ single (never married) ___ separated
___ divorced ___ non-cohabiting partner ___ cohabiting partner ___ widowed

Name of Partner/Wife/Husband: _____

List your children, step-children, foster children below:

NAME	AGE	BIRTH DATE	RELATIONSHIP	LIVING WITH YOU?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

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

Parent(s) Name: _____

Type of Custody: ___ N/A ___ joint ___ sole ___ residential ___ no custody

Custody Information:

(name)

(street)

(city, state, zip)

(phone)

(name)

(street)

(city, state, zip)

(phone)

Registration Form (continued)

List your siblings in 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?	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Name of Present Employer: _____

Address: _____
(street) (city, state, zip)

Length of Employment in Present Position: _____

Present Health Concerns: _____

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

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

Who to call in case of emergency: _____
(name and phone numbers)

How did you hear about Stephen W. Koelemay, PsyD?
