

Connections Counseling, LLC

4400 Business Park Blvd.
 Building B, Suite #11
 Anchorage, AK 99503
 (907) 231-1243

ADULT REGISTRATION FORM

(Please Print)

Today's Date ___/___/___

Client ID _____

CLIENT INFORMATION

Last Name	First	Middle	<input type="checkbox"/> Mr.	Social Security Number
			<input type="checkbox"/> Mrs.	

Other Names Used	Birth Date	Age	<input type="checkbox"/> Female	Sexual Orientation
			<input type="checkbox"/> Male	
			<input type="checkbox"/> Transgender	

Ethnicity	Relationship Status (Circle One)
	Single Dating Cohabiting Partnered Married
	Widowed Divorced Separated

Street Address	City	State	Zip Code	Primary Phone
				Message? Y / N

Mailing Address	City	State	Zip Code	Secondary Phone
				Message? Y / N

Employer	Occupation

Emergency Contact	Relationship	Phone Number(s)	How did you hear about us?

MEDICAL INFORMATION

Name of medical provider	Phone	Date of Last Physical

How do you rate your overall health?
 Excellent Very Good Good Fair Poor Very Poor

Medications/Vitamins/Supplements	Allergies

Medical Concerns or Disabilities?