



**Rudden Counseling, LLC
REGISTRATION FORM**

Today's Date: _____

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

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

Phone (home): _____

Phone (cell): _____

SSN#: _____ Medicaid ID #: _____

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) (name)

(street) (street)

(city, state, zip) (city, state, zip)

(phone) (phone)

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

Three horizontal lines for listing siblings.

What is your birth order? _____

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

Table with 3 columns: Name, Relationship, LIVING? (Yes No). 6 rows.

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):

Three horizontal lines for listing medications.

Previous Counseling: Yes / No (if yes, please list dates and give reason):



Rudden Counseling Services
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rudden@counselingservices.com

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

How did you hear about your therapist? _____