

Greater Life Counseling Center

11 Lumpkin Street, Suite 100, Lawrenceville, GA 30046

Client Registration (Ages 18 and older)

Name of Client: _____ DOB: _____ Age: _____

Address _____

City, State, Zip Code _____

Please indicate which of the numbers you provide below is the best number for us to call to confirm your appointments: _____

Home: _____ Work: _____ Cell: _____

Email Address: _____ Okay to email you? _____

Church Affiliation (if applicable) _____

If applicable:

Mother's Name: _____ Mother's Cell Phone _____

Father's Name: _____ Father's Cell Phone _____

Stepmother's Name: _____ Stepfather's Name _____

Siblings/Significant Others:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Emergency Contact/Responsible Party Information:

Name: _____ Relationship to client: _____

Address (if different from above): _____

Phone: _____ Who referred you to this office? _____

Physician: _____

Please list the person(s) responsible for this account _____