

**Counseling Solutions KC**

633 E. 63<sup>rd</sup> Street, Suite 240

Office: 816-756-3505

Appointment Line: 816-756-2984

**Client Registration**

Kansas City, Missouri 64110

Fax: 816-756-3058

**CLIENT INFORMATION:**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ May we leave message on this phone? Yes \_\_\_\_\_ No \_\_\_\_\_

DOB \_\_\_\_\_ Social Security number \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

**RESPONSIBLE PERSON INFORMATION:** (If other than the client)

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ May we leave message on this phone? Yes \_\_\_\_\_ NO \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_