**Registration**

Client Name ( )

First MI Last Maiden

Date of Birth/Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If client is a minor, who has custody? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Sec. #: Name of Guardian or advocate :

Gender/Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If client is adult female:

* Is client pregnant? \_\_\_\_\_\_\_\_\_\_ If yes, what is client’s due date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Does the client have dependent children? \_\_\_\_\_\_\_\_ If yes, does the client have custody of the children? \_\_\_\_\_\_\_\_\_\_\_\_

IV Drug Use Status:

* Does client currently use IV Drugs? \_\_\_\_\_\_\_\_\_\_ Has client used IV Drugs in the past? \_\_\_\_\_\_\_\_\_\_
* Last date administered drugs through IV, if applicable: \_\_\_\_\_\_\_\_\_\_

Address:

City: Zip: State: County:

Home Phone: Cell:

Message Number & Name:

Directions to home from nearest major intersection:

How did you hear about us?

Address of Referral Source (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for referral/Reason for seeking services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pay Source: (Circle one) Private Pay Private Insurance ID#:

Explain if other type of pay source:

Responsible Party if Private Pay:

First MI Last

Address of Responsible Party *if Private Pay*:

City/ST/Zip:

Date of Birth: SS#:

Relationship to client: Phone: Best contact time:

**Emergency Contact:**

Name Relation to client

Phone#: Address:

Primary Physician: Phone#:

Primary Hospital:

Address:

Dates Their Office is Open / Best Time to Contact: