Kathleen Young, Psy.D.
Arizona Licensed Psychologist, #4205
520-261-0265

Client Registration Form

Today's Date: _____

CLIENT INFORMATION

SS#: _____ Date of Birth: _____ Sex: _____

Patient Name: _____

Street Address: _____

City: _____State: _____ Zip Code: _____

Best number: (_____)_____ Leave a message? Y N

Email: _____

REFERRAL SOURCE

Name of person referring you to this office: _____ May I thank this person for referring you? YES [ ] NO [ ]

SIGNATURE/AGREEMENT

I, _____, have been given handouts explaining the services and policies of this office. I have had the opportunity to discuss any concerns or questions that I might have.
I understand my rights and my responsibilities as outlined in the above-mentioned handouts

CLIENT SIGNATURE:_____Date: _____

Witness Signature:_____ Date:_____