

Thomas K. Larussa PhD, LPC

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Denton, TX 76201

(940) 566-4691

CLIENT REGISTRATION

Name _____ DOB _____ Phone (H) _____

Address _____ (W) _____

City/State/Zip _____ (C) _____

Employer _____ Marital Status _____ Age _____

Current Medical Conditions _____

Current Medications _____

Responsible Party/ Insured Information

Insurance Co _____ Phone _____ Group Number _____

Insured _____ ID number _____ Date of Birth _____

Who to contact in case of emergency: _____ Phone _____

Relationship to client: _____

Previous Counseling-Who and dates attended _____

Reason you are seeking therapy _____

Who may I thank for a referral? _____

Client signature

date

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date