

**NEW CLIENT REGISTRATION**

Dx Code: \_\_\_\_\_  
Office Use Only

Stacey E. Prince, Ph.D.  
2207 NE 65<sup>th</sup> Street  
Suite 200  
Seattle, WA 98115

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ May I Call This Number? Y N Leave a Message? Y N

Cell Phone: \_\_\_\_\_ May I Call This Number? Y N Leave a Message? Y N

Email: \_\_\_\_\_ OK to use for scheduling? Y N

Person Responsible for Bill: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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**EMPLOYER INFORMATION**

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Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ May I Call This Number? Y N Leave a Message? Y N

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**INSURANCE INFORMATION**

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Name of Insured: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

**Primary Insurance Company:** \_\_\_\_\_

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

Subscriber/ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

**Secondary Insurance Company:** \_\_\_\_\_

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

Subscriber/ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

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**MEDICAL & REFERRAL INFORMATION**

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Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Therapist/Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Who referred you to our office? \_\_\_\_\_ Relationship: \_\_\_\_\_

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**HOUSEHOLD INFORMATION**

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Spouse/Partner Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Others in Home:	Gender:	Age:	Relationship:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**EMERGENCY CONTACT**

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If Emergency, Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Legal Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**PREVIOUS THERAPY**

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Name of Therapist: \_\_\_\_\_ Dates seen: \_\_\_\_\_

Purpose or areas worked on: \_\_\_\_\_

\_\_\_\_\_

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I HAVE READ THE OFFICE POLICY AND ACCEPT ITS CONTENTS

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date