

Gayle Seely LLC Counseling

Registration

Date: _____ NKA/ Allergies: _____

Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Status: Committed/Married Single Employed: Yes / No

Email: _____

Phone Numbers: Home: _____ Cell: _____

Work: _____ May we contact you at work? Yes / No

Employer: _____

Parent's Names (if under 18): _____

Referral Source: _____

Client's statement of problem: _____

In case of emergency whom should we contact?

_____ Phone: _____

Signature of client or guardian: _____

*Please be advised there is a \$100.00 fee for any missed appointments that are not cancelled 72 hours or more prior to the scheduled session.