

**MEGAN ROGERS, MA, MSW, LCSW
REGISTRATION FORM**

Today's Date: _____

Name: _____ Age: _____ DOB: _____
(client's name)

Address: _____
(street) (city/zip code)

Phone: _____ OK to leave messages? Y/N
(home) (cell)

Email: _____

Spiritual/Religious Affiliation (if any): _____

Relationship Status: ___ married ___ common law ___ single (never married) ___ separated
___ divorced ___ non-cohabiting partner ___ cohabiting partner ___ widowed

Name of Partner/Wife/Husband: _____

List your children, step-children, foster children below:

NAME	AGE	BIRTH DATE	RELATIONSHIP	LIVING WITH YOU?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Name of Present Employer & Role _____

Length of Employment in Present Position: _____ Hours Worked Per Week _____

Main Health Concerns: _____

Other Concerns or Goals: _____

Who to call in case of emergency: _____
(name and phone numbers)

How did you hear about me? _____