

**Marisa Nava, Ph.D.  
Licensed Clinical Psychologist**

**Client Registration Form**

**Please Print Clearly**

**THIS SHEET MUST BE FILLED IN COMPLETELY**

Date \_\_\_\_\_

Client's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Home) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_F\_\_M

Name of Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Person Responsible for Payment \_\_\_\_\_

Signature of Person Responsible for Payment **X** \_\_\_\_\_ (Must be signed for services to begin)

**Emergency Information**

In case of emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Insurance Information**

Primary Insurance \_\_\_\_\_

Phone \_\_\_\_\_

Contract/ID# \_\_\_\_\_

Group/Acct# \_\_\_\_\_

Subscriber \_\_\_\_\_

Subscriber Date of Birth \_\_\_\_\_

Client's relationship to Subscriber

\_\_Self \_\_Spouse \_\_Child \_\_Other \_\_\_\_\_

**Referral Source**

How did you hear of our clinic (or from whom)? \_\_\_\_\_

**Credit Card Information:**

Cash and personal checks are welcomed, but many patients find it convenient and preferable to allow this office to hold on file a credit card to facilitate transactions; it will provide you with a monthly record of expenditures.

Type: \_\_Visa \_\_Mastercard \_\_Discover \_\_AMEX

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_