WHITWORTH UNIVERSITY

MARRIAGE & FAMILY THERAPY CENTER

Registration Form

Thank you for choosing us to assist you with your therapeutic needs. Please answer the following questions so that we may be of complete and accurate service to you.

Name: _____ Date: _____/_____/_____

Contact Information

Phone: (_____) - _____- _____ May we leave a voicemail? ❑ Yes ❑ No

Alternate Phone: (_____) - _____- _____ May we leave a voicemail? ❑ Yes ❑ No

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Client Information

Date of Birth: _____/_____/_____ Occupation: _____

Employer: _____

Relationship Status

❑ Single (never married)
❑ Cohabitating (living together)
❑ Separated
❑ Widowed
❑ Remarried (after spouse's death)
❑ Significant other
❑ Remarried (after divorce)
❑ Divorced
❑ First marriage
❑ Other: _____

If in a relationship, length of relationship: _____

SPOUSE/PARTNER INFORMATION (IF APPLICABLE)

Partner's Contact Information

Phone: (_____) - _____- _____ May we leave a voicemail? ❑ Yes ❑ No

Alternate Phone: (_____) - _____- _____ May we leave a voicemail? ❑ Yes ❑ No

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Partner's Information

Date of Birth: _____/_____/_____ Occupation: _____

Employer: _____

FAMILY INFORMATION (IF APPLICABLE)

Names of children or other household members	Sex	Age

OTHER

How did you hear about the Whitworth Marriage and Family Therapy Center?

_____

_____

If referred by a person, may we thank this person for the referral? ❑ Yes ❑ No

Signature of consent for thanking this person: _____

By signing below, I hereby acknowledge that the information submitted on this form is accurate and correct to the best of my knowledge.

Signature: _____ Date: _____/_____/_____