

Marisa Nava, Ph.D.
Licensed Clinical Psychologist

Client Registration Form

Date _____

Client's First Name _____ Last Name _____ MI _____
Birthdate ____/____/____ Age _____ Grade _____ School _____ Gender __F__M

Name of Parent/Guardian _____
Address _____ City _____ State _____ Zip _____
Home Phone: _____ Cell: _____
Email: _____

Person Responsible for Payment _____

Signature of Person Responsible for Payment X _____ (Must be signed for services to begin)

For appointment reminders, I would prefer the following (all options available): ___ Phone call ___ Text ___ Email

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 _____

Credit Card Information:

Cash and personal checks are welcomed, but many clients 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: _____