Ellen N. Emerson, Ph.D.
Licensed Psychologist Georgia #2041

112 N. College Street
Statesboro, GA 30458
Phone/Fax: 912.764.3595
ellenemerson@nctv.com
www.ellenemersonphd.com

Registration Form

Today's Date_____

Name _____

Address_____ City _____ State_____ Zip_____

Home Phone_____ Leave Message? Yes ☐ No ☐

Work Phone_____ Leave Message? Yes ☐ No ☐

Cell Phone_____ Leave Message? Yes ☐ No ☐

E-mail_____ Email Reminders? Yes ☐ No ☐

SSN_____ Date of Birth_____

Gender_____ Relationship Status: Married ☐ Single ☐ Partnered ☐ Divorced ☐ Other ☐ _____

Emergency Contact_____ Phone_____

Relationship to you_____

Physician_____ Date Last Seen_____

Any physical problems? _____

_____

_____

Medications (Please list name, dosage, prescribing physician)_____

_____

_____

_____

Briefly describe reason for seeking therapy: _____

_____

_____

_____

Please list the people currently living with you and their relationship to you:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____