

ALLIED: ADULT FACT REGISTRATION FORM Page 1

NAME _____ DATE _____

The Adult Treatment Agreement plus this Adult Fact Registration and the Adult Personal Registration must be scanned, signed and emailed to Dr. Austin (draustinchandler@alliedcounseling.com) at the Allied Counseling Greensboro Corporate Headquarters in advance of your first appointment. When these 3 signed forms have been sent, you can call the Allied Counseling Greensboro Corporate Headquarters (1-800-212-2604) to be sure they have all been received and we will help you schedule your first appointment. Please feel free to call the Greensboro Corporate Office if you have any questions when completing these forms or want to schedule another appointment once you have registered. Before Child or Adolescent Counseling can begin, both parents must complete, sign and email the above 3 forms plus the Child & Adolescent Fact Registration to Dr. Austin at Allied Counseling Headquarters in Greensboro. We try to return all office calls & emails within 24 hours.

HOW DID YOU HEAR ABOUT DR. AUSTIN OR ALLIED COUNSELING?

Internet search: (Specify Site or Sites): _____

Advertisement: (Where): _____ Referred by family/friend/doctor:(Name) _____

Other: _____

PERSONAL INFORMATION:

Name: _____

First _____ Middle _____ Last _____

Birth Date: ___/___/___ Age: _____

Address _____

(Number & Street) _____ (City, State) _____ (Zip Code) _____

Mobile # (____) _____ May we leave a message? Yes No

Home # (____) _____ May we leave a message? Yes No

Email Address: _____@_____

EMERGENCY CONTACT:

Name Phone Relationship to You

ROMANTIC/SEXUAL ORIENTATION:

Heterosexual/Straight _____ Gay/Lesbian _____ Bisexual _____

Questioning (Not Sure) _____

Transgender _____

RELATIONSHIP STATUS:

Never Married _____ Partnered _____ Married _____

Widowed _____

Separated _____ Divorced _____

No Relationship now (how long)? _____ Would like a Relationship: Yes _____ No _____

Name of Significant Other (if any): _____ How Long Have You Been Together/Married? _____

Relationship Quality: Poor/Unsatisfactory _____ Satisfactory _____ Good _____ Very Good _____

No relationship now (how long? ___ Do You Want a Relationship? Yes ___ No ___