

REGISTRATION

Life Recovered

Page 1 of 2

Client's Name: _____ Nickname _____
Last First Middle

Birthdate: _____ Sex: M F Age: _____

Home #: _____ Cell #: _____ Work #: _____

Approval to leave a message on: Home _____ Cell _____ Phone – initial here _____

Email Address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____ How long: _____

Marital Status: Single Married Divorced Widowed Other _____

In Case of emergency contact: _____ **Relationship to client** _____

Home Phone _____ **Cell Phone** _____

Approval to leave a message on: Home _____ **Cell** _____ **Phone – initial here** _____

Spouse / Parent / Guardian (Circle One)

Name: _____ Nickname _____
Last First Middle

Home #: _____ Cell #: _____ Work #: _____

Approval to leave a message on: Home _____ Cell _____ Phone – initial here _____

Email Address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Church Affiliation: _____ Referred by: _____

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Release of Information Consent – Health Care Provider

I hereby consent for Passages to contact my Primary Care Physician or other health care provider as noted below regarding my treatment, as deemed necessary. This consent shall remain in force during my treatment at Passages and for 90 days following my last visit unless revoked by me in writing.

Physician Name: _____

Address: _____

Phone: _____

Release of Information Consent

I hereby consent for Passages to contact the person(s) below as deemed necessary regarding the information indicated. This consent shall remain in force during my treatment at Passages and for 90 days following my last visit unless revoked by me in writing.

Name	Relationship	Home Phone	Cell Phone	Approval To leave Message	Financial Info	Medical Info	Other (Specify)
_____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Guarantor Information (Financially responsible for account)

Name: _____

Address: _____

Street/PO Box
Apt/Unit
City
State
Zip

Home Phone: _____ Cell Phone: _____

Relationship to client: _____