

Open City Healing Arts 255 S.17TH Street, Suite 1503 Phila, Pa 19103 215-545-7040
New Client Registration Form

Date _____

Name _____
First Middle Last

Preferred Name _____

Address _____
Number Street

City State Zip

_____ ☐ Ok to leave message with detailed information
Cell phone number ☐ Leave message with name & call back number only

_____ ☐ Ok to leave message with detailed information
Home phone number ☐ Leave message with name & call back number only

_____ ☐ Ok to leave message with detailed information
Work phone number ☐ Leave message with name & call back number only

Email address: _____

Date of Birth _____ Age _____

Gender _____ Sexual Orientation _____

Racial/Ethnic Affiliation _____

_____ Relational

Status _____

Length of Current Relationship (s) (if applicable) _____

Dependents (s) Names/ Age(s) _____

Employer _____ Job Title/Occupation _____

_____ How did you hear about my practice?

Emergency Contact (s) _____

Name _____ Relationship _____ Phone _____

Payment Information

Financially Responsible Party (circle): Self Other

If financially responsible party is not you, please provide the following information:

Responsible Party's Name

First Middle Last

Relationship to Client _____

Phone Number _____

Email address _____

Billing Address _____

Number Street

City

State

Zip

Will you be requesting a statement for your health insurance?

Yes No

Background Information

Who is in your family? Please list names, ages, and date deceased (if applicable).

Name

Relation to you

Age (If deceased, indicate year.)

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Primary Care Physician _____ Date of Last Exam _____

Psychiatrist (if applicable) _____ Date of LastAppt _____

Do you have any medical problems, history of medical problems, or significant injuries or illnesses? Yes

No

If Yes, Please Explain:

_____ Cu

Current Medication and Dosage (Prescription/Herbal/OTC/Other): Prescribed by:

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Have you been in therapy before? Yes No

If yes, when and with

whom? _____

Briefly describe your reason for seeking therapy at this time. _____

Are there any additional areas you would like to work on? _____

What are your main strengths and resources? _____

What else would you like for me to know about you?

