

Theresa M. Cukierski, LLC  
REGISTRATION FORM

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F O

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Marital Status: S M D W O

Email: \_\_\_\_\_ Employer/School: \_\_\_\_\_

Referred by: \_\_\_\_\_

Person Responsible for the account: \_\_\_\_\_ Relationship to the client: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

If client is a minor, name of mother and father/guardian(s):  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Insurance Information**

Name of Primary Insurance: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Subscriber's Address: \_\_\_\_\_  
Street City State Zip

Employer: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

Client's relationship to subscriber: Self Spouse Child Other: \_\_\_\_\_

Have you verified your benefits prior to your first appointment? \_\_\_ Yes \_\_\_ No

**Signature of Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If client is a minor, I consent for my minor child to be treated by Theresa M Cukierski, LPCC-S**

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**How may we contact you for appointments, reminders and accounts?**

Home Phone: \_\_\_\_\_ Message Permitted: \_\_\_\_ Yes \_\_\_\_ No

Cell Phone: \_\_\_\_\_ Message Permitted: \_\_\_\_ Yes \_\_\_\_ No

Email: \_\_\_\_\_

*Please note: Email correspondence is not considered to be a confidential medium of communication*

Preferred Means of Communication: \_\_\_\_ Home \_\_\_\_ Cell \_\_\_\_ Email

For intermittent appointments, do you want a reminder sent? \_\_\_\_ Yes \_\_\_\_ No

If yes, please check how reminder should be sent to the preferred phone and/or email above:

\_\_\_\_ Email \_\_\_\_ Home Phone Voicemail \_\_\_\_ Cell Phone Voicemail \_\_\_\_ Cell Phone Text