



WELLSPRING COUNSELING
of the Finger Lakes

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ADULT REGISTRATION FORM

Date Completed _____ Date of first appointment _____

CLIENT NAME _____ Birthdate _____ Age _____

ADDRESS Street _____

City/Town/Zip _____

Mobile phone: _____ Home phone _____

Work Phone: _____

Email address: _____

Reason for initial appointment?

How did you hear about Wellspring Counseling of the the Finger Lakes?

How should you be contacted? Check all that you are comfortable with.

text ___ phone call ___ e-mail ___ mail or PO box ___

SPOUSE or SIGNIFICANT OTHER if any

Name _____ Birthdate _____

Relationship to CLIENT: _____

ADDRESS if different from CLIENT: Street _____

City/Town _____ Zip _____

Mobile phone: _____

Home phone: _____ Work Phone _____

OTHERS living in the home including ALL CHILDREN and/or other ADULTS:

Name & relationship _____ Birthdate _____ Age _____

Name & relationship _____ Birthdate _____ Age _____

Name & relationship _____ Birthdate _____ Age _____

Name & relationship _____ Birthdate _____ Age _____

Generally, no one will not be contacting anyone about you without your signed consent.

However, **IN CASE OF AN EMERGENCY, whom should I notify?**

Name _____

Relationship _____

Mobile Phone _____ Other Phone _____