



WELLSPRING COUNSELING
of the Finger Lakes

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COUPLE REGISTRATION FORM

Today's Date _____

YOUR FULL NAME _____

PARTNER/SPOUSE FULL NAME _____

Your Birthdate _____ Age _____ Partner's Birthdate _____ Age _____

Your address _____ City/Town/Zip _____

Partner's address (only if different) _____ City/Town/Zip _____

Your Mobile phone _____ Partner's Mobile Phone _____

Your Email address _____ Partner's Email address _____

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

Reasons for initial appointment?

What is the **best way** to contact each of you?

PLEASE circle all that apply

You: phone call text e-mail no contact

Your Partner: phone call text e-mail no contact

OTHERS living in your household including ALL CHILDREN and/or other ADULTS:

Name & relationship _____ Birthdate _____

Name & relationship _____ Birthdate _____

Name & relationship _____ Birthdate _____

Name & relationship _____ Birthdate _____

Generally, I would not be contacting anyone about you other than yourselves.

However, **IN CASE OF AN EMERGENCY** and I cannot get ahold one of you, **whom should I notify?**

For **You**: _____ For **Your Partner**: _____

Relationship _____ Relationship _____

Phone _____ Phone _____