

# Client Registration Form

## The Compass Project Therapy

Therapist: Nan Campbell

### Client Information

<b>Name:</b>	
<b>Street Address:</b>	<b>Date of Birth:</b>
<b>City, Prov, Postal</b>	<b>Home Phone:</b>
<b>Gender:</b>	<b>Work Phone:</b>
<b>Email Address:</b>	<b>Mobile Phone:</b>
<b>Primary Physician:</b>	<b>Psychiatrist:</b>
<b>Emergency Contact Person:</b>	<b>Emergency Contact Phone:</b>

Responsible Party is the person who will be paying the per-session fee for services  
(leave blank if same as client)

<b>Responsible Party:</b>	<b>Home Phone:</b>
<b>Street Address:</b>	<b>Work Phone:</b>
<b>City, Prov, Postal</b>	<b>Mobile Phone:</b>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_