

Mosaic Counseling Center

875 Walnut Street
Cary, NC 27511

Client Registration

Name: _____ DOB: _____ Date: _____

SS#: _____ Sex: _____ Marital Status: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail: _____ Preferred Contact Method: _____

Employer: _____ School: _____

Emergency Contact: _____ Phone: _____ Relationship to Client: _____

Referred By: _____

Person Responsible for Bill: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

At times, Mosaic Counseling Center staff may need to contact you regarding scheduling or other issues. If you would like to be contacted for such reasons, please indicate the telephone numbers that can be used to reach you in the space provided below.

May We Call You? (please circle one) Yes No

May we leave a brief message? (please circle one) Yes No

*Clients under 18:

Mother's Contact Information

Name: _____

Address: _____

City/State/ Zip: _____

Phone 1: _____

E-mail: _____

Father's Contact Information

Father: _____

Address: _____

City/State/Zip: _____

Phone 1: _____

E-mail: _____