

Mosaic Counseling Center  
92 Cornerstone Dr., #107  
Cary, NC 27519

## 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

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\*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: \_\_\_\_\_