

Today's Date: _____

David Markley, Ph.D., Clinical Psychologist
WA State License No. 2563
509 Olive Way, Suite 204
Seattle, WA 98101
206.329.5255

New Client Registration

Name: _____ Age: _____

Date of Birth: _____ Social Security #: _____

Address: _____

Preferred Phone Number: _____ May I leave a message? YES or NO

Alternate / Work Number: _____ May I leave a message? YES or NO

Gender: _____ Relationship Status: _____

Person responsible for bill: _____ Relation to you: _____

Person's Address: _____ Phone: _____

Who referred you to my office? _____

Your Employer (or School if student): _____

Your Occupation (or status in school if student): _____

Emergency Contact Name: _____

Contact's relation to you: _____ Contact's phone number: _____

Insurance Information

Health Insurance Company: _____

Subscriber Name: _____ Date of Birth: _____

Relation to you: _____ ID#: _____ Group #: _____

Healthcare Information

Please list any medical/physical conditions you are managing currently _____

Primary Care Physician name: _____ Clinic: _____

Household Information

Spouse or Partner Name if applicable: _____

| Names of others in your home: | Gender: | Age: | Relation to you: |
|-------------------------------|---------|-------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |