

Psychological Services

Client’s Registration Form for Counseling

(Confidential)

 (The following information will be kept confidential. Only the relevant professionals will know this for the benefit of the client.)

Date: ………………………… Time: ………………………

Name: ……………………………………………………………………………...

Gender: ………………………. Age: …………………………

Profession: …………………………………………………………………………..

Contact Address: ……………………………………………………………………

Permanent Address: …………………………………………………………………

 ……………………………………………………………..

Mobile Number: …………………………………………………………………….

Briefly write down about your problem(s):

* ………………………………………………………………………………...
* ………………………………………………………………………………...
* ………………………………………………………………………………...
* ………………………………………………………………………………...
* ………………………………………………………………………………...

Referred By/Form: …………………………………………………………………….

Signature of Client: ……………………………………………………………………