4400 Business Park Blvd.

Building B, Suite #11

Anchorage, AK 99503

(907) 223-4374

**ADULT REGISTRATION FORM**

(Please Print)

Today’s Date \_\_\_/\_\_\_/\_\_\_ Client ID\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLIENT INFORMATION** | | | | | | | | | | | | | | | |
| **Last Name** | **First** | | | | | | **Middle** | | | **Mr.**  ** Mrs.** | | **Social Security Number** | | | |
| **Other Names Used** | | | | **Birth Date** | | **Age** | | ** Female**  ** Male**  ** Transgender** | | | | | | | **Sexual Orientation** |
| **Ethnicity** | | | | | **Relationship Status (Circle One)**  Single Dating Cohabitating Partnered Married  Widowed Divorced Separated | | | | | | | | | | |
| **Street Address** | | | **City** | | | | **State** | | **Zip Code** | | | | | **Primary Phone**  **Message? Y / N** | |
| **Mailing Address** | | | **City** | | | | **State** | | **Zip Code** | | | | | **Secondary Phone**  **Message? Y / N** | |
| **Employer** | | | | | | **Occupation** | | | | | | | | | |
| **Emergency Contact** | | **Relationship** | | | **Phone Number(s)** | | | | | | **How did you hear about us?** | | | | |
| **MEDICAL INFORMATION** | | | | | | | | | | | | | | | |
| **Name of medical provider** | | | | | | | **Phone** | | | | | | **Date of Last Physical** | | |
| **How do you rate your overall health?**  Excellent Very Good  Good  Fair  Poor  Very Poor  | | | | | | | | | | | | | | | |
| **Medications/Vitamins/Supplements** | | | | | | | | | | | **Allergies** | | | | |
| **Medical Concerns or Disabilities?** | | | | | | | | | | | | | | | |