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 MarriedWidowed 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?** |