

*Quarternote Counseling, LLC*  
*9255 Center Street, Suite 200*  
*Manassas, Virginia 20110*  
*(O) 703-675-5361 (F) 703-361-1540*

**CLIENT REGISTRATION FORM (\*  
denotes a required field)**

**CLIENT INFORMATION**

\*CLIENT NAME: \_\_\_\_\_  
**Last Middle First**

\* NAME CLIENT WOULD LIKE QUARTERNOTE STAFF TO USE: \_\_\_\_\_

\*CLIENT DATE OF BIRTH: \_\_\_\_\_ CLIENT GENDER \_\_\_\_\_

\*HOME ADDRESS: \_\_\_\_\_

\*CITY \_\_\_\_\_ \*STATE \_\_\_\_\_ \*ZIP CODE \_\_\_\_\_

IS THE HOME ADDRESS ABOVE THE SAME AS YOUR MAILING ADDRESS? YES \_\_\_\_\_ NO \_\_\_\_\_  
**(IF "NO", PLEASE PROVIDE MAILING ADDRESS BELOW)**

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

\*Which phone number is your primary number? \_\_\_\_\_

\*EMERGENCY CONTACT \_\_\_\_\_ \*RELATIONSHIP TO CLIENT \_\_\_\_\_

\*EMERGENCY CONTACT PHONE NUMBER \_\_\_\_\_

CLIENT'S EMPLOYER NAME \_\_\_\_\_

CLIENT'S OCCUPATION \_\_\_\_\_

CLIENT'S MARITAL STATUS \_\_\_\_\_

NAME OF CLIENT'S SPOUSE/PARTNER/SIGNIFICANT OTHER: \_\_\_\_\_

CLIENT'S PREFERRED LANGUAGE: \_\_\_\_\_

**INSURANCE INFORMATION (required if insurance is being used)**

PRIMARY INSURANCE COMPANY NAME \_\_\_\_\_

MEMBER ID NUMBER AS IT APPEARS ON INSURANCE CARD \_\_\_\_\_

NAME OF POLICYHOLDER \_\_\_\_\_

POLICYHOLDER'S RELATIONSHIP TO CLIENT \_\_\_\_\_ POLICYHOLDER'S DATE OF BIRTH \_\_\_\_\_

**(IF APPLICABLE)**

SECONDARY INSURANCE COMPANY NAME \_\_\_\_\_

MEMBER ID NUMBER AS IT APPEARS ON INSURANCE CARD \_\_\_\_\_

NAME OF POLICYHOLDER \_\_\_\_\_

POLICYHOLDER'S RELATIONSHIP TO CLIENT \_\_\_\_\_ POLICYHOLDER'S DATE OF BIRTH \_\_\_\_\_

**\*MEANINGFUL USE DATA**

**Because our practice accepts Medicaid, we are required to ask all clients the following questions. You may select "Prefer not to say" as your answer if you wish.**

Do you consider yourself Hispanic/Latino? YES \_\_\_\_\_ NO \_\_\_\_\_ PREFER NOT TO SAY \_\_\_\_\_

Which category best describes your race? (Check all that apply. You may select "Decline to answer" as your response if you wish.)

- \_\_\_ White                      \_\_\_ American Indian/Alaska Native                      \_\_\_ Asian                      \_\_\_ Black or African American
- \_\_\_ Native Hawaiian/Other Pacific Islander                      \_\_\_ Middle Eastern                      \_\_\_ Other                      \_\_\_ Decline to answer

By signing below, I confirm that the information I have provided on this form is, to the best of my knowledge, true and accurate as of today's date. In the event of a change in any information or permissions I have provided above, I agree to make the staff of Quarternote Counseling aware of said changes immediately so that my information may be updated within my official record.

\*Name of Client (print): \_\_\_\_\_

**(For minor clients only)** Name of client's parent/legal guardian (print): \_\_\_\_\_

**(For minor clients only)** Relationship of parent/legal guardian to client: \_\_\_\_\_

\*Signature of Client/Parent/Legal Guardian: \_\_\_\_\_

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