

**Tamra L. Hughes, MA, LPC
Licensed Professional Counselor**

REGISTRATION FORM

Today's Date: _____

Partner #1: Name: _____ Age: _____ Date of Birth: _____

Address: _____ Phone (home): _____

City, State, Zip: _____ Phone (other): _____

Name of present employer: _____

Address: _____ City, State, Zip _____

Partner #2: Name: _____ Age: _____ Date of Birth: _____

Address: _____ Phone (home): _____

City, State, Zip: _____ Phone (other): _____

Name of present employer: _____

Address: _____ City, State, Zip _____

Emergency contact: _____ Relationship: _____

Relationship status: ___ married ___ common law ___ single (never married)

 ___ divorced ___ separated

Name(s) of children and ages: _____

What is the primary concern or problem for which you are seeking help?_____

Previous Counseling:_____

If yes, please note any way that previous therapy was helpful_____

Referred by_____