

Dora Parys, LCSW  
Child, Family and Individual Counseling  
1193 Pearl Street  
Eugene, OR 97401

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## CLIENT REGISTRATION

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Cell number: \_\_\_\_\_ Home number: \_\_\_\_\_

Email address(s): \_\_\_\_\_

Home address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Relationship status: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Primary care physician:

\_\_\_\_\_ Location: \_\_\_\_\_

Other physicians or medical providers:

\_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ Location: \_\_\_\_\_

Referred by: \_\_\_\_\_