HOUSTON TRANSITIONS
to Wellness & Counseling
Donica Jones, MA, LPC-S, LSOTP, NCC, 200RYT, CCF, CRCF

Together we can chart the course.

# NEW CLIENT REGISTRATION FORM

## CLIENT INFORMATION

NAME _____ DOB _____ AGE _____ SEX ___M ___F

SSN ____- ___ - ____ MARITAL STATUS_____ Cell PH# (____)_____ WORK PH# (____)_____

MAILING ADDRESS_____CITY_____ STATE_____ ZIP_____

## EMERGENCY Contact

NAME _____

Relationship_____

HOME PH# (____)_____ WORK PH# (____)_____ CELL _____

MAILING ADDRESS_____ CITY_____ STATE_____ ZIP_____

## STATEMENT OF UNDERSTANDING

- I understand that payment is due at the time the service is rendered. I am financially responsible for all charges. Acceptable forms of payment include cash, money order, check, or cashier's check. If any services are pre-paid, there are NO REFUNDS if I failed to attend the service or cancel/reschedule within 24 hours of the appointed time. *Houston Transitions to Wellness and Counseling, Inc.* reserves the right to charge for any appointment that I fail to attend or cancel within 24 hours of the appointment time.

**I have read and agree that I understand these statements and will comply with all items herein.**

Client Signature _____ Date _____