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# KIMBERLY DUDLEY COUNSELING, LLC

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KIMBERLY DUDLEY, MA, NCC

## Client Registration

Client Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed

Phone # \_\_\_\_\_ Safe to leave messages Yes \_\_\_ No \_\_\_

Cell # \_\_\_\_\_ Safe to leave messages Yes \_\_\_ No \_\_\_

**(Please understand that leaving an inaccurate or inaccessible phone number may result in the discontinuation of counseling services)**

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Safe to contact Yes \_\_\_ No \_\_\_

**Please include parent(s), guardian(s), spouse/significant other, or emergency contact**

Contact 1: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Client: \_\_\_\_\_ Cell: \_\_\_\_\_

Contact 2: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Client: \_\_\_\_\_ Cell: \_\_\_\_\_

**Responsible Party**  Self  Other (If other please complete the following):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_