

Lauren I. Lowenthal, MS, LMHC
DBA Clarity Counseling Associates
Client Registration Record

Today's Date: _____

Name: First _____ Last _____ MI _____

Address _____ City _____ Zip _____

Cell Phone _____ Home Phone _____

Work Phone _____ Email _____

Acceptable Forms of Communication & Leaving Messages (check those that are acceptable)

Phone: Cell _____ Home _____ Work _____ Email _____ Text _____

Please note: email correspondence is not considered to be a confidential medium of communication.

Age _____ Date of Birth _____

Emergency Contact:

Name _____ Relationship _____ Phone _____

How did you hear about us? _____

Insurance Information:

Primary Insurance Company _____ Name of Insured _____

DOB of Insured _____ Relationship to Insured _____

Insurance ID# _____ Insurance Group# _____

Secondary Insurance Company _____ Name of Insured _____

DOB of Insured _____ Relationship to Insured _____

Insurance ID# _____ Insurance Group# _____