

**REGISTRATION FORM**  
**Ellen S. Pizer, LCSW**

**Date:** \_\_\_\_\_

**Client Information-PLEASE PRINT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Nickname \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Student Status: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ School \_\_\_\_\_ Not a Student \_\_\_\_\_

Employment: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Employer Name \_\_\_\_\_ Not working \_\_\_\_\_

I, the undersigned certify that I (or my dependent) will assign payment directly to entity named above. I understand that I am financially responsible for all charges. I am entitled to a copy of this agreement by requesting it.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date