

*Stephen T. Wilson MSW, ACSW, LICSW, PhD, LLC*  
*Adult Registration*

*Today's Date* \_\_\_\_\_

*Client's Name* \_\_\_\_\_

*First MI Last*  
*Address:* \_\_\_\_\_

*Social Security Number:* \_\_\_\_\_ *Gender* \_\_\_\_\_ *DOB* \_\_\_\_\_

*Referred By* \_\_\_\_\_ *Physician* \_\_\_\_\_

*Previous Counseling With:* \_\_\_\_\_

*Work Phone:* \_\_\_\_\_ *Home Phone:* \_\_\_\_\_

*Insurance Carrier:* \_\_\_\_\_

*Policy Number:* \_\_\_\_\_ *Group Number* \_\_\_\_\_

**BILL OUTSTANDING BALANCE TO:**

**NAME** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIPCODE:** \_\_\_\_\_

**FAMILY MEMBERS (Living in household)**

**Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Relationship** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**ICD-10CODE:** \_\_\_\_\_

**FEE SCHEDULE** \_\_\_\_\_

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