

**DEBRA A. LITRELL, LMHC**

1611 116<sup>th</sup> Ave. NE, Ste. 106, Bellevue, WA 98004 425-747-5774

**Client Registration Information**

*Please PRINT AND complete ALL sections below.*

**Personal Information**

Marital Status:  Single  Married  Divorced  Widowed   
Sex:  Male  Female

Name: \_\_\_\_\_  
Last Name First Name Initial

Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Which of these phone numbers is it ok to call and leave messages on?

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

In the event I do have to mail something to you, do I have permission to use the above address?

\_\_\_\_\_ Yes \_\_\_\_\_ No If not what address do you give me permission to use?

Address: \_\_\_\_\_

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

**Emergency Information**

In the case of an emergency, who do I have permission to contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

**ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I have been given a copy of Debra Littrell, LMHC, of Transformative Spirit, LLC’s Privacy and Rights notice, which describes how my health information is used and shared. I understand that Debra Littrell has the right to change this notice at any time. I may obtain a current copy by contacting Debra.

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

Date: \_\_\_\_\_ Parent Signature (if under 14): \_\_\_\_\_