



1400 112th Ave SE, Ste.100, Bellevue, WA 98004 425-747-5774

Client Registration

Name: _____

Address: _____

City State Zip: _____

In the event I 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: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

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

Cell Phone: Home Phone: Work Phone:

Date of Birth: _____

Gender: _____

Identified Race: _____

Marital Status Single Married Life Commitment Alternative

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

Name _____ Relationship _____

Address _____

City, State, Zip _____

Home #: _____ 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. *Click Fill & Sign in the right column to affix your signature. Click find tools at the top of the column to locate it if it is not in the column*

Client Signature: _____ Date: _____

Parent/Guardian

Signature: _____ Date: _____

(If under 14yo)

Therapist Signature: _____ Date: _____