

Mary Determan MSW, LLC

5757 W. Oklahoma Ave. #203 Milwaukee, WI 53219-4303

REGISTRATION FORM FOR ADULTS

(Please Print)

Today's Date					
CLIENT INFORMATION					
Client's last name: First: Middle:			Preferred Pronoun: <input type="checkbox"/> she/her/hers <input type="checkbox"/> he/him/his <input type="checkbox"/> they/them/theirs <input type="checkbox"/> not listed	Relationship status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> in relationship <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what is your legal name?		Gender Preference: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Transgender <input type="checkbox"/> Non Binary	Birth Date: Age:
Street address:		City:	State:	Zip Code:	Primary Phone:
EMPLOYMENT, EDUCATION & HOUSING INFORMATION					
Occupation:			Employer:		
Primary Source of Income: <input type="checkbox"/> None <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Wages/Salary <input type="checkbox"/> Disability <input type="checkbox"/> Family/Relative <input type="checkbox"/> Retirement <input type="checkbox"/> Public Assistance			Client's Employment at Admission: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Volunteer Worker		
Client's Current Educational Enrollment: <input type="checkbox"/> GED classes <input type="checkbox"/> High school <input type="checkbox"/> College <input type="checkbox"/> Vocational <input type="checkbox"/> Is not attending school			Client's Highest Education Level Completed: <input type="checkbox"/> High school 9 th -12 th grade/GED <input type="checkbox"/> Technical School <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate Degree		
What is your home/living situation? (check all that apply) <input type="checkbox"/> Live alone <input type="checkbox"/> Live with family <input type="checkbox"/> Live with roommate(s) <input type="checkbox"/> Live with romantic/sexual partner(s) <input type="checkbox"/> Unstable housing/unhoused/homeless <input type="checkbox"/> Other living situation/arrangement					
INSURANCE & GUARANTOR INFORMATION					
Primary Insurance:		Policy #		Group #	
Subscriber Name:			Relationship to Client:		
Secondary Insurance (if applicable)		Policy #		Group #	
Subscriber Name:			Relationship to Client:		
Guarantor/Name of Person Responsible for Payment (if different from Subscriber)					
Address:		City:	State	Zip Code:	
Primary Phone:			Relationship to Client:		
IN CASE OF EMERGENCY					
Emergency Contact Name:		Relationship to Client:		Emergency Contact Phone:	
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the therapist. I understand that I am financially responsible for any balance. I also authorize Mary Determan MSW, LLC or insurance company to release any information required to process my claims.					
Signature:			Date:		