

**RITA BENNETT COUNSELING
NEW CLIENT REGISTRATION**

Dr. Rita Bennett, MFTAL, Credential Number MG60174636

LAST NAME		FIRST NAME		MI	NICKNAME	
ADDRESS			CITY	STATE	ZIP	DOB
HOME PHONE		MOBILE PHONE		EMAIL ADDRESS		
DRIVER'S LICENSE NUMBER			SEX (CIRCLE ONE) M F		MARITAL STATUS (CIRCLE ONE) S M D W	
EMPLOYER			OCCUPATION			
JOB TITLE			WORK PHONE			
STUDENT/SCHOOL		FULL TIME Y N		PART TIME Y N		DEGREE(S)
IF DEPENDENT CHILD, ARE CUSTODIAL PARENTS (CIRCLE ONE) MARRIED SEPARATED DIVORCED OTHER						
SPOUSE NAME			SPOUSE OCCUPATION			
CHILDREN NAME(S) AND AGE(S)						
IN CASE OF EMERGENCY, NOTIFY				PHONE		
RELATIONSHIP TO CLIENT						
GUARANTOR (FEES PAID BY)						
FOR OFFICE USE						