Cornwall Counseling
2110 East Flamingo Road
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Las Vegas, Nevada 89119
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NEW CLIENT REGISTRATION

Today's Date

Name

☐ Male
☐ Female

DOB

Age

Address

☐ Single
☐ Married
☐ Divorced
☐ Widowed

Home Phone #

Cell Phone #

Employer

Work #

E-mail

Please list your medications:

You May Contact me:

☐ Home #
☐ Cell #
☐ Work #
☐ Email

Are you using an Employee Assistance Plan?

☐ Y
☐ N

What is the name of the EAP provider/ insurer?

Provide your prior authorization #:

Emergency Contact:

Relationship:

Phone#:

Primary Care Physician:

Phone#:

City / State:

Were you referred to our office?

☐ Y
☐ N

If yes, by whom?