

Harrisonburg Center for Healing
1014 Reservoir Street, Suite A
Harrisonburg, Virginia, 22801
Phone: (540) 830-5443
Fax: (540) 707-2190

Registration Information:

Client's Name: _____

Birthdate: _____ Social Security Number: _____

Address: _____

E-Mail: _____

Home Phone#: _____ Student: _____ Yes _____ No

Cell Phone#: _____ Employed: _____ Yes _____ No

It is acceptable to send me a text message _____ Yes _____ No

Client's Employer _____

Address _____

If the client is a minor, please answer the following:

Legal Guardian's Name(s) and Relationship:

Legal Guardian's Contact #: _____

For all clients, please provide the information requested below:

Emergency Contact Name and Phone #:

Is the client covered by health insurance? _____ Yes _____ No

Referral Source: _____