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## Client Registration Form

Date Form Completed: \_\_\_\_\_

### Client Information

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

What pronouns do you use? (e.g., she/her/hers, he/him/his, they/them, theirs, ze/zir/zirs, etc.)

\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Is it ok to leave messages on this phone? Yes \_\_\_ No \_\_\_

Home Phone: \_\_\_\_\_ Is it ok to leave messages on this phone? Yes \_\_\_ No \_\_\_

Email: \_\_\_\_\_ Is it ok to send email to this address? Yes \_\_\_ No \_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_ Zip: \_\_\_\_\_ Is it ok to send mail to this address? Yes \_\_\_ No \_\_\_

### Current Relationship Status

Are you currently in a relationship? Yes \_\_\_ No \_\_\_

If yes, how long have you been in this relationship? \_\_\_\_\_

### Current Medications (Medication and Dosage)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Emergency Contact Information

Contact Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Additional Providers** (Note: Providers will *not* be contacted without signed release of information forms.)

Primary Care Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicating Psychiatrist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Former or Additional Therapist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Providers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Providers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Providers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*These forms can be filled out and electronically/signed online and emailed directly to me, however they contain HIPAA protected information such as your date of birth and medication lists. Please be aware that email communication can be accessed by unauthorized people which compromises the privacy and confidentiality of such communication. Un-encrypted emails, such as this, are even more vulnerable to unauthorized access. If you prefer, you may print off these forms, fill them out at home and bring them to our first session.*

[Click to send via email](#)