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***New Client Registration***

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Phone: \_\_\_\_\_

(If student) School \_\_\_\_\_ Grade/ Area Of Study \_\_\_\_\_

Referred By: \_\_\_\_\_ Treating Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Co. Info: \_\_\_\_\_ Your E-mail \_\_\_\_\_

\_\_\_\_\_

**All communication between the client and the therapist is private and confidential unless a release of information is authorized by the client.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

DSM: \_\_\_\_\_