

Sheryl B. Hausman, Ph.D.
1030 Sir Francis Drake Boulevard, Suite 120
Kentfield, California 94940
415.924.8940 phone
415.924.4456 fax
drhausman@comcast.net
Licensed Psychologist PSY 10114

Client Registration

Name of Person Receiving Services: _____ Initial Appointment Date: _____

Address: _____ Date of Birth: _____

City/State/Zip: _____ Age: _____ Gender: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Marital Status (check one): Single Married Separated Widowed Cohabiting
 Remarried Divorced

If you are an adult, what is the highest educational level you have achieved? _____

School: _____ Date of Degree, Diploma or Certificate: _____

Occupation: _____ Employer: _____

If you are a student, what grade are you in now? _____ School: _____

Teacher's Name: _____ Principal's Name: _____

Emergency Contact:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Person(s) Responsible for Minor Client:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Family Information for Minor Client:

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Occupation: _____ Occupation: _____

