

### CLIENT REGISTRATION FORM

(Full Name)		(Maiden Name)	
(Address)		(City)	(State) (Zip)
(Home Phone)	(Cell Phone)	(Email)	
(Date of Birth)	(Birth Place)	(SSN)	
(Marital Status)	(Education)		
(Employer)		(Work Phone)	
(Primary Care Physician)			

**Partner's Information:**

(Full Name)			
(Address if different from above)		(City)	(State) (Zip)
(Home Phone)	(Cell Phone)	(Education)	
(Date of Birth)	(Birth Place)	(SSN)	
(Employer)		(Work Phone)	

**Billing Information:**

(Person Financially Responsible)		(Payment Method)
(Insurance Company)		(Insurance Co. Phone #)
(Policy #)		(Group #)
Who is the subscriber on the policy?		

**Emergency Contact:**

(Nearest Relative Not Residing with you)	(Phone #)
(Emergency Contact)	(Phone #)

I hereby authorize release of my medical information to the insurance company if necessary to process my insurance claim. I also authorize the insurance company to make payment directly to the Birth Cottage of Milford.

(Signature)	(Date)
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