Registration Form



Playfair Consulting

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License: LPC/LMHC - C4080 (OR) LH60631608 (WA)

Client Information

First Name / Middle Initial	Last Name
	Gender
Date of Birth	Male Female Transgender Non-
	binary
Street Address	Street Address 2
City	State
ZIP Code	How did you find us?
Cell Phone (for Text Message Reminders)	Home Phone
L	

Preferred Contact Number

Home

Bill To Contact

Cell

Same as above Different, Complete Below	
First Name or Organization Name / Middle Initial	Last Name
Street Address	Street Address 2
City	State
ZIP Code	Phone

Login Details

If client is a minor, the legal guardian must enter their email address below.	
Email	Confirm Email