

Registration Form



Playfair Consulting

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

Client Information

First Name / Middle Initial

Last Name

Date of Birth

Gender

☐ 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

Preferred Contact Number

☐ Cell ☐ Home

Bill To Contact

☐ 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