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Registration

Today's

Date: _____

Applicant: _____ **Age:** _____ **Date of Birth:** _____

Street: _____

City, State and Zip Code: _____

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

Best time to call at: home work cell **Days (circle):** M T W Th Fr Sa

Email: _____

Check your level of confidentiality: You can contact me at : home phone work phone cell phone text email

Primary Contact: _____ spouse parent guardian other

Address check if it is the same:

City, State, Zip: _____

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

Check your level of confidentiality: You can contact me at : home phone work phone cell phone text email

Best time to call at: home work cell **Days (circle):** M T W Th Fr Sa Su

Employer: _____ **Position:** _____

Email address: _____