



Aligned Clinical & Educational Services (ACES), PLC  
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 RICHMOND MAILING ADDRESS: PO Box 31436, Henrico, VA 23294  
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## ACES ADULT REGISTRATION FORM

Client Name:	
Client Date of Birth:	Client Gender:
Address:	
Mobile Phone Number:	Home Phone:
Video Phone Number:	Work Phone:
Email:	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to say	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> Prefer not to say
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Cued English <input type="checkbox"/> Other:	Appointment Reminders: <input type="checkbox"/> Yes, sent to my Email <input type="checkbox"/> Yes, texted to my mobile phone <input type="checkbox"/> No reminders
<b>Emergency Contact 1</b>	
Emergency Contact #1 Name:	
Relationship to client:	Contact phone:
<b>Emergency Contact 2</b>	
Emergency Contact #2 Name:	
Relationship to client:	Contact phone:

**ELECTRONIC MESSAGES**

I consent to receive electronic messages/appointment reminders/cancellations (Check all that apply):

- Via email
- Via text message
- Via Patient Portal
- I do not consent to electronic messages/appointment reminders/cancellations

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Client Signature

Date

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Printed Name of Client

Date

If signed by a legal representative, please indicate your relationship to the client:

- Parent       Legal Guardian       Other: \_\_\_\_\_