



New Client Information Form

Today's Date: ____ / ____ / ____

Client Name: _____ DOB ____ / ____ / ____ (_____
Age _____)

Address _____
Street _____ City _____ State _____ Zip Code _____

Email _____ Home # (_____) _____ - _____

Work # (_____) _____ - _____ Mobile # (_____) _____ - _____

Partner Information

Client Name: _____ DOB ____ / ____ / ____ (_____
Age _____)

Address _____
Street _____ City _____ State _____ Zip Code _____

Email _____ Home # (_____) _____ - _____

Work # (_____) _____ - _____ Mobile # (_____) _____ - _____

Responsible Party Information (If different)

Name: _____ Phone # (_____) _____ - _____

Address _____
Street _____ City _____ State _____ Zip Code _____

Email _____ **Referred by:** _____

Financial Policy

The fee for a 45-50 minute therapy session is \$130.00, which will be charged within 24 business hours before your scheduled appointment. **PLEASE NOTE: Notification of appointments scheduled but not attended (cancellations) must be made 24 business hours before the appointment time. If you miss an appointment without notification, you will be charged on the credit or debit card you provide below.** By signing below, you also agree to be included on our email list. If you prefer not to be included, please check this box.

Credit Card # _____ CVC2 Code _____ Exp Date: ____ / ____
(The CVC2 code is a 3 or 4-digit number located on the back of your credit card.)

Client's Signature _____ Date: ____ / ____ / ____

Partner's Signature _____ Date: ____ / ____ / ____