

Fee per session \_\_\_\_\_ (date) \_\_\_\_\_.

I, \_\_\_\_\_, have read and understand the above  
*Client name #1*  
policy & disclosure statement.

\_\_\_\_\_  
client signature                      today's date

\_\_\_\_\_  
therapist signature                      today's date

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

I, \_\_\_\_\_, have read and understand the above  
*Client name #2*  
policy & disclosure statement.

\_\_\_\_\_  
client signature                      today's date

\_\_\_\_\_  
therapist signature                      today's date

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

-----  
Emergency Name & Phone# \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_