

Judith E. Lipson, M.A.
Spiral Wisdom LLC
Licensed Professional Counselor
Counseling and Guided Imagery
Educational Solutions: Sensitives, ADHD, Aspergers, Anxiety
Children, Adolescents, Adults

Client Information

Client Name _____ Birth Date _____ Age _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Email _____

Phone: (H) _____ (W) _____ (C) _____

Please list other family members:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Occupation</u>
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Emergency Contact:

Name _____ Relationship _____ Phone _____

How did you find out about Spiral Wisdom? _____

May I acknowledge this referral? _____

Would you like to be signed up for my newsletter? _____

- Please note that I am a fee-for-service provider. A one-hour session is \$150. For your convenience I accept cash, check or charge. I can provide a receipt.
- I understand that text messages, emails, FaceTime and Skype are not encrypted or secure and are not HIPPA compliant. I agree to their use when needed.
- A 24-hour cancellation notice is requested and appreciated.

Signature of Responsible Party

Date