

**Client Information (Minor)**

Client Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

*Student's cell:* \_\_\_\_\_ *Student's email* \_\_\_\_\_

Mother's Email \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Father's Email \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Address if different than above \_\_\_\_\_

Is there a non-custodial or co-custodial relationship? \_\_\_\_\_

Please list all family members (including parents):

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Birthdate</u>	<u>Occupation</u>
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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How did you find out about Spiral Wisdom? \_\_\_\_\_

May I acknowledge this referral? \_\_\_\_\_

Would you like to sign 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