

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 in the home (including parents):

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Birthdate</u>	<u>Occupation</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How did you find out about Spiral Wisdom? _____

May I acknowledge this referral? ___ Would you like to receive my newsletter? ___

- Please note that I am a fee-for-service provider. A one-hour session is \$150. For your convenience I accept Venmo and all credit cards. Michigan residents can use their HSA, FSA, and/or receive a receipt to submit for possible reimbursement.
- Text messages, emails and FaceTime are not encrypted or secure and are not HIPAA compliant. Your signature below indicates your agreement to their use when needed. Zoom is compliant and available. Only telehealth is available at this time.
- A 24-hour cancellation notice is requested and appreciated.

Signature of Responsible Party

Date