

**Judith E. Lipson, M.A., LPC**  
**Spiral Wisdom LLC**  
**Spiral Wisdom Coaching**  
*Trauma-Informed*  
*Spiritual ~ Metaphysical ~ Guided Imagery*  
*Educational Solutions, ADHD, ASD, Neurosensitives*  
*Students and Adults*

**Coaching Client Information**

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

Address \_\_\_\_\_

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

Occupation \_\_\_\_\_ Email \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Please list other family members in the home:

<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 Coaching? \_\_\_\_\_

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.
- 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 virtual visits are currently available.
- A 24-hour cancellation notice is requested and appreciated.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date