

LIFE COACH CLIENT REGISTRATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (please indicate which number is best to reach you at and leave a voice message)

Home _____ Work _____ Cell _____

DATE OF BIRTH: _____ AGE: _____ SSN: _____

MARITAL STATUS: S M D W NAME OF SPOUSE/PARTNER: _____

Emergency Contact: _____

Name

Phone #

Relationship

How did you find out about me?

MD _____ Google Search _____ Yahoo Search _____ Friend _____ Therapist Website _____

Other Internet Search/Website _____ Other _____

LIFE COACHING & FINANCIAL AGREEMENT

Please initial indicating that you have read and understand:

_____ I consent to receive Life Coaching from Lynne A. Santiago, LMHC

_____ I understand that each life coaching package consists of three in-person sessions, two 15 minute phone check-ins and five email check-in's a month and that each package is paid for in advance.

_____ I understand that when I schedule an in-person session and phone check-ins I am reserving a period of time, therefore, I will be charged a \$50.00 fee if I do not cancel an appointment at least 48 hours in advance and I will be charged the full fee if I do not show for an appointment without giving notice.

_____ I understand that a collection agency may be utilized to recover unpaid debt and if this was necessary my private information would be disclosed to the collection agency. this action is necessary, I will receive a written notification of intent to release information to the collection agency with a time period to make alternate arrangements.

_____ I understand that my personal information may be transferred electronically (i.e. online billing, email, fax machine).

YES NO You can email me about upcoming workshops, seminars, appointment reminders.

My email address is: _____

Client Signature

Date

Lynne A. Santiago, LMHC

Date