

New Client Information Form

Client (1) Information

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Age: _____ Gender: _____ Relationship Status: _____

Address: _____

City, State, Zip: _____

Primary Phone: _____ May we contact you at this number? ___Yes ___No

Email address: _____ May we contact you by email? ___Yes ___No

Client (2) Information

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Age: _____ Gender: _____ Relationship Status: _____

Address: _____

City, State, Zip: _____

Primary Phone: _____ May we contact you at this number? ___Yes ___No

Email address: _____ May we contact you by email? ___Yes ___No

Permission for Professional Services

By attending and/or engaging in an in-office, online videoconferencing and/or phone appointments, I voluntarily consent to the rendering of counseling, coaching, consulting, educational training and/or other professional service as provided by Chrysalis Connections, LLC. I acknowledge no guarantees have been made to me as to the effect of these services on my relational, mental, emotional, physical, and/or spiritual condition or well-being. I acknowledge I am responsible for all agreed upon charges in connection with the services provided. I have read this statement and acknowledge that I understand it.

Client (1) Signature

Date

Client (2) Signature
