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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 or engaging in in-person, online video conferencing, or phone appointments, I voluntarily consent to the rendering of counseling, therapy, mentoring, mediation, coaching, consulting, educational training, or other professional services 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, or spiritual condition or well-being. I acknowledge that I am responsible for all agreed-upon charges concerning the services provided. I have read this statement, and I acknowledge I understand its content.

Client (1) Signature

Date

Client (2) Signature

Date