

BEHAVIORAL LIFE COACHING CLIENT INFORMATION FORM All fields are required.

Address: City: State: Zip: Preferred Phone: Email: Relationship Status: Single, not in a relationship / In a relationship / Living together / Engaged / Married / Estranged / Divorced/Annulled / Widowed Occupation: Employer: Religious Affiliation: None / Protestant / Catholic / Jewish / Mormon / Orthodox / Muslim / Hindu / Buddhist / Atheist / Agnostic / Other: Race/Ethnicity: Black/African-American / Asian / Hispanic/Latino / American Indian / Alaska Native Pacific Islander / Hawaii Native / White/Caucasian / Other: Previous/Current Medical Diagnoses (from physician): Any self-diagnosed chronic illness and/or disabilities? Prescribed and OTC Medication (specify if not compliant): Are you currently, or have you previously, seen any other coaching/counseling professional? If yes, please name and specify if current or previous: PERSON RESPONSIBLE FOR PAYMENT Person Responsible for payment: Phone No.: Email Address of person responsible for payment (if not SELF): NOTE: This person will have to agree to our payment policy in order to charge them for your sessions. If they do not have that on file, you will be responsible for any payments due. We will need to contact this person to confirm payment responsibility (INITIAL HERE:) PAYMENT POLICY (REQUIRED) I understand that I am ultimately financially responsible for any balance. Houston Relationship Therapy does not bill to any third party payers nor will we provide any information other than receipts of payment made by you to you should you decide to seek reimbursement for our services. We will obtain payment at the time of service or in the case of a late cancellation or no-show. Signature: NOTE: You will be charged for sessions after your initial session not canceled with 24 hours' notice. REFUNDPOLICY: Sign your name to confirmyou understand that if Signature:	Date:			Which Coach Will You Be Seeing?						Who else will be in session today/future						
Name: First: M.I. Last: Preferred: Age: Birth date: Identify as: Male / Femaie / Non-Binary / Prefer not to answer / Other: Agdress: City: State: Zip: Preferred Phone: Email: Relationship / Status: Single, not in a relationship / In a relationship / Living together / Engaged / Married / Estranged / Divorced/Annulled / Widowo Occupation: Employer: Religious Affiliation: None / Protestant / Catholic / Jewish / Mormon / Orthodox / Muslim / Hindu / Buddhist / Atheist / Agnostic / Other: Race/Ethnicity: Black/African-American / Asian / Hispanic/Latino / American Indian / Alaska Native Pacific Islander / Hawaii Native / White/Caucasian / Other: Previous/Current Medical Diagnoses (from physician): Any self-diagnosed chronic illness and/or disabilities? Prescribed and OTO Medication (specify into compliant): Are you currently, or have you previously, seen any other coaching/counseling professional? If yes, please name and specify if current or previous: PERSON RESPONSIBLE FOR PAYMENT Person Responsible for payment: Phone No.: Email Address of person responsible for payment (if not SELF): NOTE: This person will have to agree to our payment policy in order to charge them for your sessions. If they do not have that on file, you will be responsible for any payments due. We will need to contact this person to confirm payment responsibility (INITIAL HERE: PAYMENT POLICY (REQUIRED) Lunderstand that I am ultimately financially responsible for any balance. Houston Relationship Therapy does not bill to any third party payers not will we provide any information other than receipts of payment made by you to you should you decide to see in the case of a late cancellation or no-show. REFUNDPOLICY: Sign your name to confirmyou understand that if you have purchased a pre-paid coaching package and choose to discontinue coaching, you may receive a 50% refund of the discounted amount you paid for any unused pre-paid coaching sessions. All pre-paid services have an expiration date of 1 calendar yearfrom the date of purchase. CAN									sessions	witl	h you'	?				
Age: Birth date: Identify as: Male / Female / Non-Binary / Prefer not to answer / Other: Address: City: State: Zip: Preferred Prone: Email: Relationship Status: Single, not in a relationship / In a relationship / Living together / Engaged / Married / Estranged / Divorced/Annulled / Widowed Occupation: Employer: Religious Affiliation: None / Protestant / Catholic / Jewish / Mormon / Orthodox / Muslim / Hindu / Buddhist / Atheist / Agnostic / Other: Religious Affiliation: None / Protestant / Catholic / Jewish / Mormon / Orthodox / Muslim / Hindu / Buddhist / Atheist / Agnostic / Other: Reace/Ethnicity, Black/African-American / Asian / Hispanic/Latino / American Indian / Alaska Native Pacific Islander / Hawaii Native / White/Caucasian / Other: Previous/Current Medical Diagnoses (from physician): Any self-diagnosed chronic lilness and/or disabilities? Prescribed and OTC Medication (specify if not compliant): Are you currently, or have you previously, seen any other coaching/counseling professional? If yes, please name and specify if current or previous: PERSON RESPONSIBLE FOR PAYMENT Person Responsible for payment: Phone No.: Email Address of person responsible for payment (if not SELF): NOTE: This person will have to agree to our payment policy in order to charge them for your sessions. If they do not have that on file, you will be responsible for any payments due. We will need to contact this person to confirm payment responsibility (INITIAL HERE: PAYMENT POLICY (REQUIRED) I understand that I am ultimately financially responsible for any palance. Houston Relationship Therapy does not bill to any third party payers nor will we provide any information other than receibs of payment made by you to you should you decide to sek influencement for our services. We will obtain payment at the time of service or in the case of a late cancellation or no-show. REFUNDPOLICY: Sign your name to confirmyou understand that if you have purchased a pre-paid coaching package and choose to discontinue coaching, you may receive a																
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If referral is from an HR	T client, please include th	eir name so they may get \$10 of	f their hourly rate:
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If referral is a physician:	Name:	Phone:	Okay to Say Thanks for referring You? Yes or No
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