

Parent Coaching and Consultation Registration / 2 pages

1) PARENTS INFORMATION

_____ Father's Name	_____ Father's Cell Phone
_____ Mother's Name	_____ Father's email
_____ Street Address	_____ Mother's Cell Phone
_____ City, State and Zip	_____ Mother's email
_____ Home Phone	

2) MARITAL STATUS

Married (___ yrs) Divorced Separated Date of Separation or Divorce _____

3) CHILDREN

Name of child (or children)	Age(s)	School / Grade(s)

* If children are stepsiblings (s) or partial siblings (ps) please indicate next to their name.

4) BRIEFLY DESCRIBE YOUR REASON FOR SEEKING COUNSELING

from Within

COUNSELING | Equipping. Empowering. Encouraging.

5) REFERRAL INFORMATION

It is my regular practice to thank those who refer clients to me.

Would you be willing to share their name? Yes No

Referred by

Family Member Friend Counselor Physician Agency Church Internet

Can I share your name with the person who referred you? Yes No

6) ACKNOWLEDGE

▶ I have received and read *From Within's* policy and procedure information / *please initial* _____

▶ I understand that all appointments not cancelled with 24 business hours notice will be charged a full counseling hour rate / *please initial* _____

▶ I understand that payment is due at the time of service / *please initial* _____

Client Signature / Date

Client Signature / Date