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Date: _____

How did you hear about my practice? _____

Name: _____

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May I text you? Yes _____ No _____

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****Please note that email and text correspondence are not considered to be confidential forms of communication.**

Emergency Contact name and phone number: _____

Relationship to you: _____

I understand that there is a 24 hour cancellation policy and if sufficient notice is not given,
I am responsible for full payment of session.

Signature: _____