

Embodied Psychotherapy

Olivia Fae Stadler, MA, LMFT #115228

Phone: 415-964-0892

EIN/Tax ID: 84-2949325

Client Information Sheet - Minors

Client Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____

Preferred Phone Number: _____

Alternate Phone Number: _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Emergency Contact Relationship: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

By signing below, I acknowledge that I have received and understand the *Consent for Treatment* form and *Notice of Privacy Practices*, and any questions I had regarding these forms have been answered to my satisfaction. I agree to the conditions specified in this form. Moreover, I agree to hold Olivia Fae Stadler free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from treatment.

Client Signature

Parent/Guardian Signature

Parent/Guardian Signature (when required)

Date