June BlueSpruce Intuitive Healer, Mentor, and Life Coach

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CLIENT INFORMATION

Name:	Da	ıte :	Birthdate:
Address:			
Phone: Please circle the one th	aat you prefer me to use to reach yo	ou	
Home:	Work:	(Cell:
Email:	Occupation(s)		
Emergency Contact:	Relationship:		_Phone:
	INFORMATION ABOUT MY PR	ACTICE	
clarity that can benefit you in determining and following you	mentoring, and coaching provide the process of healing, defining and ar life path. Neither is a substitute l, mental or emotional) or injury, p	l reaching pe for medical	ersonal goals, and treatment or psychotherapy.
anything that could reveal you circumstances as provided by	Il information that you share will but identity to anyone without your law. If we communicate via e-mail as above, but please understand the	permission, or cell phor	except in very limited ne, I will handle the
Payment is due in full at the tiangle advance.	me services are provided, unless of	ther arrange	ments have been made in
will be shorter. You are respo reschedule an appointment, illness or injury. If you give	lotted for each appointment. If you nsible for paying the entire time so you need to give me at least 24 less than 24 hours notice, you artime and the full cost if this shou	heduled. If phours notice responsil	you need to cancel or e, except in cases of sudden ble for paying 1/2 the cost
	CLIENT AGREEMENT		
I,described.	, have read and understood the i	nformation a	above and agree to the terms
Signature :	Date :		