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Personal Information Sheet for Practice-Building Consultation

Date: _____

CLIENT INFORMATION

Client Name (Last, First, MI): _____

Email: _____

DOB: _____ Home Phone: _____

Cell: _____ Work: _____

Mailing Address: _____

At which number do you prefer I contact you? _____

EMERGENCY CONTACT INFORMATION

Contact Name/Relationship: _____ Address: _____ Phone Number: _____ Secondary Number: _____

CONSENT FOR CONSULTATION

I consent to work with Elizabeth Venart for the purpose of receiving practice-building consultation.

Client Name: _____ Signature: _____ Date: _____

48-HOUR CANCELLATION POLICY

I certify the information that I have provided is correct. I understand that I am required to give at least 48 hours notice before any cancellation. If I call but give less than 48 hours notice, I will be required to pay the full session fee.

Client Signature

Date