

Elizabeth Venart, M.Ed., N.C.C., L.P.C., *Licensed Professional Counselor*  
1811 Bethlehem Pike, Suite 212-213 • Flourtown, PA 19031 • 215.233.2002

### 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: \_\_\_\_\_

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#### 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 of \$150.00.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date