



NAME _____

ADDRESS: _____
_____ email _____

PHONE:
HOME _____ CELL _____ WORK _____

NAME _____

ADDRESS: _____
_____ email _____

PHONE:
HOME _____ CELL _____ WORK _____

NAME _____

ADDRESS: _____
_____ email _____

PHONE:
HOME _____ CELL _____ WORK _____

NAME _____

ADDRESS: _____
_____ email _____

PHONE:
HOME _____ CELL _____ WORK _____

Insurance Co. _____ Policy #: _____

Name of Insured: _____

Kindly provide me with at least **24 hour notice** to cancel or change your session or you will be charged for the session. All names listed on this intake form have read and accept this cancellation policy.

I (We) have read and accept this cancellation policy:

XX _____ Date: _____