

Client's Delati	
Name:	Appointment date:
Address:	ZIP code:
City:	Phone:
Allergies: Y / N Please list:	
Emergency Contact:	
Relationship to Client:	
Client's Consent	
	ned therapy services provided by More Than this may include individual therapy, group therapy, reats in natural settings.
	benefits of participating in therapy services, including ns, as well as the potential for personal growth and
	now policy as outlined by More Than Conquerors Inc., tifying the provider in advance if I am unable to
	understanding that my information will be kept private is required by law or necessary for my safety or the
	via phone, email, or other electronic means for the odates, and other related information.
I have provided accurate emergency procedure.	contact information in case it is needed during the
Signature	
By signing this form, you acknowledge that y outlined above. You consent to engage in the Conquerors Inc. and understand that you can	
Client's Signature:	Therapist's Signature:
Date:	Date: