



**NEW CLIENT INFORMATION**

Date: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Client's First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_

Sagemont Member? YES NO

Email address: (please print) \_\_\_\_\_

***PARENT'S INFORMATION (if Client is a child/minor)***

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

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

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

- =====
- *By signing this form you authorize us to send you appointment reminders by email, text or phone.*
  - *The time scheduled for your session is reserved for you. If you are late for a session, we will use the time remaining, but you will be charged the full rate.*
- =====

**NO SHOW/CANCELLATION POLICY**

**THE INFORMATION BELOW MUST BE PROVIDED**

***If you miss an appointment without a 24-hour notice, you will be charged a fee of \$40.00.*** You are asked to leave a signed check (**with no date**), payable to Sagemont, to cover this fee **OR** we will charge your credit card listed below.

**CREDIT CARD INFORMATION**

Type of Card: MasterCard    Visa    Discover    American Express

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security code 3 digit on back \_\_\_\_\_

Name as it appears on your card: \_\_\_\_\_

***I authorize Sagemont Counseling Center to use the credit card listed above to pay any No Show/Late Cancellation fees or outstanding charges on my account.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_