



Delaware Valley Career & Leadership Solutions LLC

CLIENT REGISTRATION

Preferred Name : _____ Today's Date: _____

Legal Name If Different: _____ Pronouns: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Date of Birth: _____ Gender: _____

Preferred Phone Number: _____ Is this cell or home? _____

Client's Spouse/Partner (if applicable): _____

(If Client is a Student) Name of School: _____

Psychiatrist (If applicable): _____

Current Therapist: (if applicable) _____

Current medications & dosages: _____

Would you like to receive text reminders for your appointments the day before? Y ____ N _____

On what number? _____

Financial Agreement

I have agreed to pay privately for my career counseling/leadership coaching services. The agreed upon charge is \$_____ for each session or \$_____ for a career evaluation. Payment is due within 30 days of billing. I acknowledge that Delaware Valley Career & Leadership Solutions will not bill my insurance company directly but will provide me with a receipt for service. Additionally, I acknowledge that my insurance company may not reimburse me for services at Delaware Valley Career & Leadership Solutions. There is a 24-hour cancellation policy which requires that you cancel or reschedule your appointment 24 hours in advance. Missed appointments (no cancellation) or same-day cancellations will be charged the full fee (except in emergencies).

Signature: _____ Date: _____