

Wendy Hill, Ph.D.
Psychotherapy/Hypnotherapy/Counseling
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Client Information and Agreements

Please read and initial the appropriate statements to indicate your response and agreement:

_____ To the best of my knowledge, I do not have any serious physical, mental, or emotional disorders.

_____ I have been diagnosed and have been treated by a medical professional as having the following physical, mental or emotional conditions:

_____ I am currently being treated for the above condition.

Doctor or therapist _____

_____ At this time I am taking no medications and understand that it is my responsibility to inform Dr. Hill if my situation changes.

_____ I am taking the following medications for physical or emotional conditions: _____

_____ I agree that to get the most benefit from my therapy I will not consume any stimulants, coffee, alcohol, or other recreational drugs on the day of my appointment.

_____ I understand that I will not be diagnosed or treated for any mental, physical, or emotional disorder.

_____ I understand that insurance will not cover my sessions.

_____ I understand that CentrePoint, Inc. is a non-profit organization and fees paid are not tax deductible. I understand that agreed upon fees for sessions provided by Wendy Hill, Ph.D. are to be paid on the same day as the session. I agree to give 24 hour notice for any appointment changes or pay full fee if I cancel the same day or fail to appear. I give Wendy Hill, Ph.D. permission to charge my credit card without signature if I should default on agreed upon fees or fail to appear for a session.

Your signature below confirms that you have read and agree to these guidelines.

I, the undersigned Client acknowledge that I have been advised of the foregoing information.

_____ Dated: _____
Client or Parent/Guardian Signature

Relationship to Client

Print Client Name