

Wendy Hill, Ph.D., CentrePoint, Inc.
Please print, fill out, and email to Wendy Hill, Ph.D.

Date _____

Name _____

Age _____ Birth Date _____ Marital Status _____

Cell Phone _____ Other Phone _____

Work Phone _____ Fax _____

Address _____ Zip _____

Email _____ Website _____

Occupation _____ Employer _____

Address _____ Zip _____

Spouse/Mate _____ Age _____

Occupation _____ Phone _____

Emergency Contact Name & Number _____

Children (Names & Ages) _____

Referred By _____

Credit Card Type _____ Exp. Date _____ 3 Dig. # _____

Card Number _____

I understand that CentrePoint, Inc. is a non-profit organization, that health insurance will not cover services, 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 within 24 hours or fail to appear. I give Wendy Hill, Ph.D. permission to charge my credit card without signature if I am not present or if I should default on agreed upon fees or fail to appear for a session. I understand that all sessions and notes taken are confidential. Should any disagreement arise from my sessions with Wendy Hill, Ph.D. I agree to mediation as a sole instrument of resolution.

Signature
