My Thriving Life

Counseling and Coaching

1500 Colonial Blvd. #232, Ft. Myers, FL 33907
239-560-7202

Client Registration Form

Name:	
Date of Birth:	
Street Address:	
City, State, Zip:	
Home Phone:	
Cell Phone:	
Email Address:	
Emergency Contact Name & Phone:	

☐ I give permission for the therapist to contact me via text and phone for updates and/or appointment reminders

My Thriving Life
Counseling and Coaching

Client Treatment Consent

Client Name: _____

I give my consent to My Thriving Life Counseling & Coaching to provide _____ with counseling services as agreed upon by myself and the therapist. This consent will expire when counseling is concluded.

☐ I agree that the therapist reviewed privacy policy with me at this appointment.

Client Name & Date: _____

Client Signature: _____

Therapist Signature: _____