

# Harmony Family Counseling, Inc.

7301 W. Palmetto Park Rd. 102A

Boca Raton, Fl. 33433

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

Client Name:\_\_\_\_\_ Date of birth\_\_\_\_\_

Parent Name:\_\_\_\_\_

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

\_\_\_\_\_

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

Phone number:\_\_\_\_\_

May I leave a message at this number?\_\_\_\_\_

May I text at this number?\_\_\_\_\_

Fees are rendered at time of service. If you would like me to bill insurance for you, please provide me you insurance card.