

*Embodied Psychotherapy*

Olivia Fae Stadler, MA, LMFT #115228  
Phone: 415-964-0892 EIN/Tax ID: 84-2949325

**Couples/Family Client Information Sheet**

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

By signing below, I acknowledge that I have received and understand the *Consent for Treatment* form and *Notice of Privacy Practices*, and any questions I had regarding these forms have been answered to my satisfaction. I agree to the conditions specified in this form. Moreover, I agree to hold Olivia Fae Stadler free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from treatment.

\_\_\_\_\_  
Client #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client #2 Signature

\_\_\_\_\_  
Date