

*Embodied Psychotherapy*

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

**Family Client Information Sheet**

Client Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Preferred Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_

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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.

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Client Signature

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Date

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Date

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Date

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Date

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Date