Charlotte Reznick PhD

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CONSULTATION / COACHING INTAKE INFORMATION

Name of Person Financially Responsible Home Address Home Phone		Email Address			
		City, State Zip Work Phone		Birthdate Cell Phone	
Name	Birthdate	Birthplace	Education	Occupation/School	
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* main person fo	r coaching/consulta				
mam person to	r coaciiiig/consulta	uon			
professionals fr accept insuranc California, all pr not therapy. By	om any location. Fo se nor gives insurand rivate sessions for th scheduling an appo	r coaching and cons se billing statements lose outside of Calif intment, you ackno	ultation clients, Dr. Cl s. As Dr. Reznick is a li ornia are considered	of the state of California and harlotte Reznick does not censed psychotherapist in coaching or consultation and that you are booking Dr. ion and not therapy.	
I/We, the unders	•	sent to consultati consent to use elect	on or coaching serv ronic records and sigr	ices for myself and those natures as outlined at	
Signature		Print Name		Date	