Voss Wellness
voss@vosswellness.com
Phone/Fax: (866) HYP-WORK
(866) 497-9675

Client Information (under 18)

Date _____

Minor Client Name_____

Address_____

_____

Email address _____ Permission to contact directly Yes/No

Personal phone _____ Permission to contact directly Yes/No

Birthdate _____ Age _____ Gender _____

Grade in School _____

Reason for visit? _____

_____

If the client is seeing a physician or counselor for this issue, please fill in:

Provider's Name _____

City: _____ Phone_____

Parent/Guardian

Name: _____ Relationship: _____

Phone: _____ Driver's License Number: _____

Address (If different from above): _____

Email address: _____

As a legal guardian, I hereby give consent for the above-named minor to work with Stephanie Voss for self-development using techniques including conversation, art, guided imagery and hypnosis. There is no other person with guardian or parental rights who opposes this collaboration.

Guardian signature _____ Date _____

Client signature _____ I WANT TO LEARN TO FEEL BETTER