

# Ψ Lifetime Development

780 Main Street, Suite 205, Pleasanton, California 94566  
925-462-2123, [www.lifetimedevelopment.org](http://www.lifetimedevelopment.org), e-mail: [lifetimebest@aol.com](mailto:lifetimebest@aol.com)

## BACKGROUND INFORMATION FORM - CHILD

	Patient:	Mother	Father
Name			
D.O.B			
Age			
Occupation			
Marital Status or Sex:			
Tel. #1			
Tel. #2			
Fax:			
e-mail:			
Home Address			
School or Employer			
School or Work Address			
Driver's License #			
SS #			
Insurance Company			

**FEES CHARGED:** Unless other specific arrangements are made, I will pay the agreed fee at each session or provide a credit card for weekly or monthly charges. A termination consultation is required, and this is paid for at the beginning of the treatment.

I understand that I am responsible for 50% of ordinary charges for cancellations, including for illness, that are made within less than 24 hours and which cannot otherwise be filled.

**CONSENT TO RELEASE INFORMATION:** If you wish for us to communicate with others in regard to the start of treatment, we must have your signature provided below. This is a legal requirement regarding release of information to third parties.

NAME	TELEPHONE	E-MAIL/FAX

\_\_\_\_\_  
*Signature of Responsible Party (required):* Date \_\_\_\_\_