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Integral Psychotherapy & Life Coaching

Client Information

Your Name _____

Address _____
Street City State Zip

Date of Birth: ____/____/____ Sex/Gender: _____

Phone: _____
cell home work

Email Address: _____

Best way to reach you? _____ Best time: _____

Spouse or Significant Other: _____ Phone # _____

Emergency Contact: _____ Phone # _____

Note: It is my policy to charge 50% of our agreed-upon fee for a Psychotherapy or Life Coaching session appointment when there is a late cancellation or no-show (i.e. your missing a session without providing me at least 24 hours prior notice). A phone call/voice message OR a text message to my cell, OR an email sent at least 24 hours before our scheduled appointment will serve as adequate notification of your need to reschedule an appointment.

If I should have to late cancel or otherwise miss an appointment with you without at least 24 hours notice to you, our next session's fee will be reduced by 50%.

I understand and agree to this policy.

Name: _____ Today's date: ____/____/____