



**CONFIDENTIAL CLIENT INTAKE & FINANCIAL AGREEMENT**  
31320 IH 10 West, Suite A, Boerne, Texas 78006

Today's Date \_\_\_\_\_

Client's Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(street) (city) (zip)

Email address (for appointment reminders /administration only) \_\_\_\_\_

Best number to reach you \_\_\_\_\_ Alternate number \_\_\_\_\_

May we send text messages? \_\_\_\_\_ YES \_\_\_\_\_ NO May we leave voice messages? \_\_\_\_\_ YES \_\_\_\_\_ NO

Client's D.O.B \_\_\_\_\_

If client is a student, please list school name \_\_\_\_\_ or N/A \_\_\_\_\_

Are you interested in having us contact the school counselor? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ N/A

**Financial Policy/Agreement**  
**Debit/Credit Card Authorization**

*I hereby grant to Olive Branch Counseling and Training, PLLC permission to process debit/credit card charges.*

*The security of your personal information is extremely important. We are committed to protecting the security and privacy of any personal information you provide, including any financial information. Please discuss any questions concerning this authorization, the "Financial Policy Agreement" with Olive Branch Counseling and Training, PLLC prior to signing.*

**This form is requested for all clients and required to be on file.**

Client's Name/s \_\_\_\_\_

Please complete all the information below.

Name as it appears on card \_\_\_\_\_

Type of card Visa \_\_\_\_\_ MC \_\_\_\_\_ Amex \_\_\_\_\_ Discover \_\_\_\_\_

Account # on card \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security code (3 or 4 digits on back) \_\_\_\_\_

Billing address \_\_\_\_\_

I agree to pay \_\_\_\_\_ for each session beginning on \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_