Seattle Focusing Institute
Client Information Sheet: Please fill out and sign

Personal Information

Name: _____ Date of Birth: _____ Age: _____

Address: _____City: _____State: _____ Zip: _____

Cell Ph: _____ Other Phone: _____

Email address: _____

Referred by: _____

Emergency contact: _____

Phone: _____

Is there anything you would like me to know about you?

_____

_____

_____

By Signing below, I acknowledge I have received, read, understood, and agree to the terms of the Disclosure Statement and Agreement for Focusing Training and Guided Focusing Sessions.

Name: _____Date: _____

Jeffrey Morrison, MA, LMHC, Certified Focusing Trainer, and Certifying Coordinator

Seattle Focusing Institute I Phone: 206-935-7850

Address: 8928 SW 146th Place, Vashon, WA 98070 I Email: jeffrey@seattlefocusing.org

Payment through SFI: https://seattlefocusing.org/contact/