

# *Inspire Your Best Self*

## *Coaching with Penny*

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Personal Goals \_\_\_\_\_

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I understand that the service provided is not a replacement for medical or psychological care and that any information provided is not prescriptive or diagnostic in nature. Any information exchanged between practitioner and client during session will be kept confidential.

Name:

Form of Payment: Credit Card    Check    Venmo    Square  
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Penny Kring 48600 County Rt 1 Redwood NY 13679