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|  | Client Intake Form |  |  |
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**Duration of Session: Approximately 60 minutes/session**.

Session Day Monday Tuesday Wednesday Thursday Friday Saturday

Session Time: \_\_\_\_\_\_ am \_\_\_\_\_\_\_ pm (circle one) EST CT MT PT

Call: (732) XXX-XXXX for our sessions.

**I understand that Coach Gail W. LaRue is NOT a Licensed Therapist, but a Certified Coach and that I am responsible for all my actions, decisions and feelings.**

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Client Signature Date