



# Soul Alchemy Client Counselling Contract Agreement Form



***Please ensure that you understand and agree to the terms and conditions outlined in the contract before signing. Soul Alchemy is happy to negotiate any changes.***

**I agree to the terms of this contract:**

Client Name (print):	
Client Signature:	
Date:	
Client date of birth:	
Client Address:	
Client Phone Number:	
General Practitioner Name:	
Medical Practice:	
Counsellor Name (print):	
Counsellor Signature:	
Date:	