

Consulting Services Disclaimer and Informed Consent

For Consulting Services with Paul Krauss

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Please complete this form to the best of your ability. Please note "NA" when an item is not applicable

_____(initials) I am seeking consulting services only

Date _____

A. Identification and Contact Information

Name _____

Birth Date: ____ / ____ / ____ Age: _____ Gender: Male Female

Address _____

City/State/Zip _____

Home Phone _____ May I leave a message? Y / N

Cell Phone _____ May I leave a message? Y / N

Work Phone _____ May I leave a message? Y / N

E-mail _____

Whom should I contact in an emergency?

Name _____

Relationship _____ Phone _____