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### *Client Information*

Client Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**If the Client is a Minor, Please Complete the Following:**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_  
Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_  
Parent' Address (if different from above): Father \_\_\_ Mother \_\_\_

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Street City/State Zip

**PAYMENT FOR SERVICES:**

Unless other arrangements are made in advance, payment is expected at the time the service is rendered. A billing invoice will be provided that can be submitted to your insurance company for reimbursement.

**CANCELLATION POLICY:**

Once an appointment has been made a twenty-four hour notice of cancellation is required in order to avoid being charged for the reserved time. Any missed appointments without a twenty-four hour prior notice of cancellation will require payment in full for the scheduled appointment.

The payment for services and cancellation policy have been read, understood, and agreed to as indicated by my signature below:

Client/Parent \_\_\_\_\_ Date \_\_\_\_\_

