

GlobeCoRe Inc.

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Today's date: _____

Your name: _____
Last First Middle Initial

Home street address: _____

City: _____ State: _____ Zip: _____

Name of Your Business or Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Referred by: _____

- May I have your permission to thank this person for the referral? Yes No

What are your goals for consultation? _____

Is there anything else that would be helpful to convey? _____

Your signature below indicates that you understand you are entering into a consultative relationship with GlobeCoRe Inc. as opposed to clinical supervision, and you understand that you are legally responsible for your clients. You also understand that GlobeCoRe Inc. is not an attorney, nor can GlobeCoRe Inc. give legal advice. If you have any questions, please don't hesitate to ask. *Thank you very much for choosing our services.*

Signature

Date