

Kirsten Bonaventura, Psy.D.  
3660 Stoneridge Road, Bldg. F-102  
Austin, TX 78746  
(512) 348-2431

**Client Information:**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number \_\_\_\_\_

**Who referred you?** \_\_\_\_\_

**Payment Information:**

Credit Card: \_\_\_\_\_

Expiration: \_\_\_\_\_ / \_\_\_\_\_ CCVC: \_\_\_\_\_

As the credit card holder, I authorize Kirsten Bonaventura, Psy.D. to charge my credit card for \$185.00 per 50 minute therapy session, as agreed upon. I have been informed of Dr. Bonaventura's 24 hour cancellation policy, and understand that without such notice, I will be charged for missed sessions.

**Authorized Signature:**

X \_\_\_\_\_