

CLIENT INFORMATION SHEET

Session
Date

Time

Last Initial

Client Name	Cell Phone Number	Address
Spouse's Name	Home Phone Number	
Referred by:		

Focus Of Session	Maternity	Notes About the Session	
	Newborn Baby Child Siblings Family Headshot Senior Citizen		
Subject's Name		Age, Description BD:	Eye Color
Sibling Names/ages			
Sibling Names/ages			
Newborn Birthdate		Notes about Subject(s)	
Time			
Weight			
Height			
Length			

Checklist for Workflow

Session Fee + Print Credit Amount	Paid?	Policies Contract Agreement Rcvd	PRESENTATION DATE	Payment 1 paid	Final payment
Order Sent to Lab	Received from Lab	Packaged for Delivery	Client Picked Up	Thank You Card Sent	