

Client Information Sheet

Please complete both sheets. If you have any questions or concerns about the form, please speak with the office manager, Charise, or with Michael. Please be sure to write clearly.

Date: _____ Name: _____

Gender: F M Other: _____ Date of birth (dd-mmm-yy): _____

Address: _____

Email: _____

Can we send confidential messages to the above email address? Yes No

Would you like email reminders for appointments to be sent 48 hours in advance? Yes No

Mobile Phone: _____

Can we leave confidential messages at the above phone number? Yes No

Would you like text reminders for appointments to be sent 24 hours in advance? Yes No

We request credit card information to keep on file for fees associated with late cancellations (i.e., less than 48 hours' notice) and missed sessions. Please provide the following.

Credit Card Type: Visa MasterCard American Express Discover JCB

Credit Card Number: _____

Expiry (mm/yy): _____ CVV (Security Code): _____

Billing Address (Including Postal Code) for the Credit Card: Same as above

Would you like us to charge services to the credit card on file? Yes No

Name of Person Responsible for Payment: _____

Signature of Person Responsible for Payment: _____

Were you referred? Yes No Find us online? Google Psychology Today MPS Other

Name of referral source: _____

Relationship with referral source: _____

Please provide contact information for your other care providers, supports, and people we can contact who could find you in the event of an emergency.

Health Care Providers or Supports (psychiatrist, family doctor, counsellor, etc.)

Name: _____ Role: _____

Address: _____

Phone(s): _____

Name: _____ Role: _____

Address: _____

Phone(s): _____

Name: _____ Role: _____

Address: _____

Phone(s): _____

Other Emergency Contacts

Name: _____ Relationship: _____

Phone(s): _____

Name: _____ Relationship: _____

Phone(s): _____

Name: _____ Relationship: _____

Phone(s): _____

Name: _____ Relationship: _____

Phone(s): _____

Name: _____ Relationship: _____

Phone(s): _____

Thanks for taking the time to complete this form.