

Client Information

Name _____

Phone # _____

Address: _____

Is it okay to text? _____

Is it okay to leave a message: _____

Birthday: _____

Contact Person (in case of emergency): _____

Relationship _____

Phone #: _____

How did you hear about Marthe? _____

Issues you want to address: _____

First name of Partner &/or children (if applicable): _____

Any Alcohol, Marijuana, or Non-prescription Drug use: _____

Current suicidal thoughts: _____

Past hospitalizations for psychiatric reasons: _____

Previous counselling (or group therapy): _____

Do you have a GP/doctor? _____

Are you taking any medication? _____

Any additional information: _____

Fees are to be made by cash, credit card, e-transfer, cheque, or insurance direct billing at the time of the appointment.

NSF cheques will require a \$25.00 service charge.

There will be a charge if an appointment is missed without a minimum of 24 hours notice.

Please consult with your human resources department or your insurance company to determine whether your employee extended benefit plan covers therapy provided by a Registered Social Worker prior to the first appointment. Also ask if there is a maximum dollar amount per year.

Receipts are given that may be eligible to reduce your income taxes.

Authorization:

I certify that I have read and understand to the best of my knowledge the above information.

I certify that I have accurately answered the above questions.

Signature of Client

Date