



COUNSELLING NOTES ON THIS SHEET WILL BE THE ONLY NOTES ON FILE. I DO NOT PREPARE REPORTS FOR COURT PURPOSES.

NAME _____ PRONOUN _____ DATE OF BIRTH _____

ADDRESS _____

_____ POSTAL CODE _____

PHONE WORK _____ CELL OR HOME _____ OK TO LEAVE MESSAGE _____

EMAIL _____

REFERRED BY _____

FAMILY DOCTOR _____ PHONE _____

MEDICATION _____

EMERGENCY CONTACT _____ PHONE _____

RELEASE OF INFORMATION AGREEMENT

- Information will not be released without consent of all parties, or by order of court

LIMITS OF CONFIDENTIALITY

- I am bound by law to disclose information regarding threats of bodily harm to self, others or indications of child abuse, or if by order of court

CANCELLATION POLICY

- 24 hours notice of cancellation is required or the full fee may be charged

CLIENT SIGNATURE _____ DATE _____

COUNSELLOR SIGNATURE _____ RCC REG NO. #0096