



Mary Forbes
Family Counselling Practice

REGISTERED CLINICAL COUNSELLOR

Counselling notes on this sheet will be the only notes on file. I do not prepare reports for court purposes.

Name: _____

Address: _____

Telephone: _____

Referred by: _____

Doctor: _____

Person to notify in an emergency: _____

Release of information

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.

Signature: _____ Date: _____

Mary Forbes _____

Registered Clinical Counsellor, Registration # 0096

Certified Family Therapist

1045 Linden Avenue Victoria BC V8V 4H3 Tel: 250-889-2900 Fax 250-246-2343