☐ Mobile visit
☐ E-counselling
☐ Clinical/Psychological/analytical counselling
☐ TDP/CBT/DBT

Date:

FEES

- Individuals -$130.00/hr.
- Couples $160/hr
- Groups 175.00-$300/hr
- Home visits an additional -$25.00 within 15kms of the office. $1.00 per every additional km.

A sliding scale is available upon request.

Client Information

Name: _____

Date of Birth: _____ / _____ / _____ (d/m/yy) **Age:** _____

Sex: ☐M ☐F

Is client/patient aware and agreeable to referral?
☐ No ☐ Yes

Address:_____

City: _____ **Postal Code:** _____

Tel: _____

Email:_____

Can a letter be sent to the above address
☐ No ☐ Yes

Can a confidential message be left on voicemail?
☐ No ☐ Yes

_____
Client consent signature

Referring Source Information

Check One: ☐ Family Physician
☐ Social Worker/Community Worker
☐ Psychiatrist/MD
☐ Other (specify) _____

Referral Source: _____

Address:_____

City: _____ **Postal Code:** _____

Tel: _____ **Fax:**_____

Email:_____

Person completing form: _____

Name of GP/Psychiatrist: _____
If client is unable to make a decisions for themselves please indicate who to contact:

Name:_____ Tel: _____

Risk: ☐ SI/HI ☐ETOH/Sub ☐ Psychosis ☐ Legal Issues
☐ Med non-adherence ☐ Violence ☐ Other_____

Marital Status ☐ **Engaged** ☐ **Single** ☐ **Married** ☐ **Separated/Divorced** ☐ **Widowed** ☐ **Children**_____

Employer :_____ **Work Tel:**_____

~CONSENT TO SHARE ASSESSMENT INFORMATION~ **OW/ODSP/CPP recipient**_____

I_____ born on _____give consent to share information to:

_____ Fax_____ Tel:_____

_____ Fax_____ Tel:_____

_____ Fax_____ Tel:_____

Date:_____ Client signature: _____

PROGRAM/SERVICE REQUEST:

☐ Mental health related
☐ Domestic/anger
☐ Psychosocial/finances/housing/education
☐ Marital/relationships
☐ Sexual related
☐ Parenting
☐ Substance abuse and Addictions
☐ Bereavement
☐ Abuse/Assault
☐ Other_____

Locations:

☐Brampton – **10 George St N, Brampton**, ON L6X 1R2.

☐Bolton **– Call for address**

Preferred appointment time:
☐ **5pm** ☐ **6pm** ☐**7pm** ☐**8pm** ☐**9pm** ☐ **Other**_____