www.patricia-smith.ca
www.abcmediation.ca
havenofhope@sympatico.ca

PATRICIA SMITH COUNSELLING AND MEDIATION SERVICES
DIV OF 448820 ONT. LTD.,

1576 Concession Road #4
Loretto, ON R.R.#1 L0G 1L0
tel: 519-942-1903
fax: 519-942-0534

INTAKE FORM

Date……..

Name(s)…….

Address…… City……. Postal Code……..

Home Phone……. Work Phone…….. Cell Phone……..

Email…… Dob Client 2…….. Dob Client 2……

Dr. Name…….. Phone Number……..

Emergency Contact…….. Relationship…….. Phone Number……..

Marital Status……Occupation(s) Client1…….. Client2……..

Children (names and ages)……
……

Spiritual Affiliation…… Referred By……

Health Issues…… History of Domestic Violence……

Presenting Problem ……
……
……

What is Your Expected Outcome from Therapy?
……
……
……

PLEASE READ CAREFULLY AND SIGN

I agree the information provided is true to the best of my knowledge. I understand the information provided is confidential and will not be released without my consent.

I agree that Patricia has a charge for her services and I agree to pay these charges at the time of each service by cash or cheque. I agree that I am responsible for giving no less than 48 hours' notice of any change or cancellation of an appointment and if less than 48 hours' notice is provided I agree to paying the full fee to the appointment missed.

I understand that Patricia's services are covered by some benefit packages and receipts will be provided for that purpose. Patricia does not do third party billing so responsibility for paying for services and submitting receipts to my insurance company is my responsibility

…… ……
Signature of Client 1 Signature of Client 2

Patricia Smith Counselling & Mediation

Counselling: Marital / Relationship
Pre-Marital or Separation
Coaching: Life / Financial / Stress
Mediation: Family / Divorce