

**Angela Carter Counselling Therapy
NEW CLIENT INFORMATION FORM**

Name (please print): _____

Date of Birth: _____

Sex/gender/ Preferred pronouns: _____ / _____ / _____

Cell/phone number: _____

Can I leave a voice mail: **YES** **NO**

Email: _____

May we contact you via email? **YES** **NO**

Address: _____

Is this where you will be during our phone or online counselling session? **YES** **NO**

***Emergency Contact:** _____

Emergency contact's Cell Phone: _____

Relationship to Emergency Contact: _____

Name of your family doctor: _____

Phone: _____ (for contact with your consent, and/or in case of emergency)

Please list any current illnesses/medical conditions that a counselling therapist would need to know: _____

What is your current COVID-19 vaccination statuses? Check one if we are meeting in person.

No vaccination Single Vax Double Vax

Are you currently, or likely to be, involved in a lawsuit? **YES** **NO**

Your insurance plan name, ID and policy number:

Emergency Services: I accept that Angela Carter Counselling Therapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. I can also contact the Mental Health Mobile Crisis Team 24/7 if I am experiencing a mental health crisis at 1-888-429-8167. Clients who are actively at risk of harm to self or others are not suitable for Telecounselling (phone/video) services. If this is the case or becomes the case in the future, my clinician will recommend more appropriate services

Initial: _____

Anything else your counselling therapist needs to know?

Please note – All sessions are approximately 50 minutes long, paid the day of the appointment, beforehand. If canceling within 24 hours, there is \$100 cancellation fee.

Signature: _____

Date: _____

Outlined services are conducted under Canadian Law