

Peter S. Silin, MSW, RSW
 288 West 8th Ave.
 Vancouver, B.C. V5Y 1N5
 www.counsellor-coach.ca -- info@counsellor-coach.ca
 T: 604-874-7764 - F: 604-874-7725

Client Profile

Name _____ Tel: Home _____

Address _____ Tel: Work: _____

_____ Tel: Other _____

Email _____

Referred by _____ Date of Birth _____

Physician _____ May I contact? yes _____ | no _____

Do you have any medical problems or concerns? _____

Are you presently on any medication? _____

Medication	Dosage	Taken Since

Next of Kin/emergency contact _____ Tel: _____

Cancellation Policy: Please call me the day before your appointment if you wish to cancel. Less than one day's notice or missed appointments will be charged at the full rate.

I have read and agree to the cancellation policy

Signature

Date

For office use. Please do not fill out.

EAP: _____ Number _____ ID /Org _____ Section _____
 Ref Date _____ # _____ Ext _____ By _____ Sessions _____