

Private Client Form

Prior to completing this form, please review and sign the [Counselling & Coaching Services](#) form and connect with our team if you have any questions or concerns.

| Contact Information | | | |
|--|--------------|--------------------------------|--|
| First Name | | Last Name | |
| Phone | | Email | |
| My preferred method of contact is: | | | |
| <input type="checkbox"/> Phone <input type="checkbox"/> Do NOT leave messages on my phone <input type="checkbox"/> Email | | | |
| Mailing Address | | | |
| Street Address | | | |
| City | | Province | |
| Postal Code | | Country | |
| Emergency Contact | | | |
| First Name | | Last Name | |
| Phone | | Relationship (e.g., spouse) | |
| Statement of Purpose | | | |
| My goals for our work together are: | | | |
| | | | |
| Referral | | | |
| <input type="checkbox"/> I have been referred to you <input type="checkbox"/> I give permission for information about our work together to be shared with the following individuals/organizations during the period of time indicated | | | |
| Name | Contact Info | Between [date] and [date] | Notes re Restrictions on Info to Share |
| | | | |
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