

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	
Preferred Name		Pronoun(s)	
Gender Identity		Age	
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	
Email			
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

