



Client Type

Returning New - How did you hear about Crossroads? _____

Information - Client 1

First Name:		Middle:		Last Name:	
Street Address:				City:	
Province:		Postal Code:		Date of Birth:	
Main Phone:		Email:			

Information - Client 2

First Name:		Middle:		Last Name:	
Street Address:				City:	
Province:		Postal Code:		Date of Birth:	
Main Phone:		Email:			

Other Information

- Name of Person Completing Form: _____
- Is it okay to leave a message on the phone number provided? No Yes
- Do you have extended health benefit coverage? No Yes - **Complete the Insurance Coverage Details Form**
- Are you hoping to qualify for a fee subsidy? No Yes - **Complete the Subsidy Application Form**
- Is another person or organization covering your portion of the fee? No Yes - **Details Below**
Details of question 5: _____
- Are you eligible to apply for FNIHB coverage? No Yes
- Times Available: Morning Afternoon Evening All of the Above
- Do you prefer your counsellor to be Male or Female or No Preference
- Do you have a particular counsellor in mind? No Yes - **Name:** _____
- How do you wish to receive appointment reminders? Text Email Details: _____

Therapy Details

Our aim is to schedule you in with a therapist that would best serve your needs as a client. In order to assist us with this, please tell us briefly what two or three of your main concerns are for which you are seeking therapy:

- 1 - _____
- 2 - _____
- 3 - _____

Do you wish to access therapy from a purely secular approach or a christian perspective?

Office Use Only

Assigned Counsellor: _____ First Appointment On: _____ At: _____
 Administrator Initials: _____ Notes: _____

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