



Date: _____

Client Type

Returning New - How did you hear about Crossroads? _____

Information - Client 1

First Name:		Last Name:		Preferred Name:	
Street Address:				DOB:	
City:		Province:		Postal Code:	
Main Phone:	() _____ - _____	Email:			

Information - Client 2

First Name:		Last Name:		Preferred Name:	
Street Address:				DOB:	
City:		Province:		Postal Code:	
Main Phone:	() _____ - _____	Email:			

Other Information

1. Is it okay to leave messages on the phone number provided? No Yes
2. How do you wish to receive appointment reminders? Text Email Details: _____
3. Are you relatively flexible with dates and times of appointments? _____
4. Are any members of your family currently clients at our agency? Yes No Name: _____
5. Is a parental consent required for this client? No Yes - *Identify Particulars*
6. Do you have extended health benefit coverage? No Yes - Provider: _____
7. Are you hoping to qualify for a fee subsidy? No Yes - *Complete the Subsidy Application Form*
8. Is another person or organization covering your portion of the fee? No Yes - *Details Below*
 Details of question 5: _____
9. Do you wish to access therapy from a secular worldview or a christian worldview?
10. Do you have a particular counsellor in mind? No Yes - Name: _____

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 - _____

Office Use Only

Assigned Counsellor: _____ First Appointment On: _____ At: _____

Administrator Initials: _____ Notes: _____