



Confidential Client Information

Please fill out the following as completely and legibly as possible. This information is confidential. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

Your complete name: _____

Address: _____

City: _____ Prov: _____ /Postal Code: _____

Home Phone: _____ May we leave a message? Yes No

Work Phone: _____ May we leave a message? Yes No

Cell Phone: _____ May we leave a message? Yes No

E-mail Address: _____

Preferred method of contact: _____

Any additional contact instructions: _____

Age: _____ Birthdate: _____

Person to alert in the event of medical emergency: _____

Relationship to you: _____ Phone: _____

Family Doctor: _____ Phone: _____