

Dr. Parnian Pajouhandeh, Ph. D., C. Psych., Psychologist & Associates

Shannon Mossip, M.A., C. Psych., Psychologist
Kathy Michel, M.A., Psychometrist

Joyce Eull, R.N., Psychotherapist
William Eull, Ph.D., C. Psych., Psychologist

CLIENT DATA SHEET

This information is essential for our records. Please write or print neatly. If any part of this sheet is unclear to you please leave the question blank and it can be clarified in the first appointment.

NAME: _____ GENDER: M F D.O.B.: _____ (dd/mm/yy)

NAME: _____ GENDER: M F D.O.B.: _____ (dd/mm/yy)
(second name if couples therapy)

ADDRESS: _____
POSTAL CODE: _____

TELEPHONE:

Home #: _____
Message ok? Y N

Work #: _____
Message ok? Y N

Other #: _____
Message ok? Y N

E-mail: _____
Message ok? Y N

Would you like to receive appointment reminders by e-mail? Y N

Would you like to subscribe to our newsletter by email? Y N

REFERRAL SOURCE (name, phone#):

FAMILY PHYSICIAN: _____

Phone #: _____

Would like a progress report sent to the referring physician? Y N

PSYCHIATRIST (if applicable): _____

Phone #: _____

EMERGENCY CONTACT (name, relationship):

Phone#: _____

Signature

Date

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