

DEFINING SOLUTIONS, Inc.

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Client Information

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Employer: _____

Email: _____

Phone: _____

Cell

Home

Work

Which number would you prefer to be contacted at? Cell Work Home

Can we leave a message at this number? Yes Yes, but not a detailed message No

Reason for appointment? _____

Have you previously attended counselling? Yes No

Date(s): _____

Credit Card Information: Visa MasterCard American Express

Card Number: _____ Expires: _____ / _____

Alberta Blue Cross Information

ID Number: _____ Group Number: _____

Are you entitled to receive benefits from any other insurance company, health benefits company, or

AB Blue Cross plan? Yes No

Emergency Contact Information:

Name: _____

Relationship to you: _____ Phone: _____

How did you hear about us?

Google search

Word of Mouth

News Article

Other Search Engine

Psychology Today

Brochure

Counsellor or Psychologist

Psychologists' Association of Alberta

Theravive Website

Calgary Psychologist Director

Other _____