CASCADE CHRISTIAN COUNSELLING ASSOCIATION
#201 – 14980 – 104th Avenue, Surrey, BC V3R 1M9
Phone: 1-877-585-1411 Fax: 604-585-1413

For Office Use:
File #:……..
Therapist: ……..

C L I E N T I N F O R M A T I O N – Telephone Counselling STATEMENT OF UNDERSTANDING

…… ……
(*Surname*) (*First Name*) (*Middle Name*) (*Date*)

…… …… Messages OK? YES ☐ NO ☐
(*Mailing Address*) (*City*) (*Postal Code*) (*Home Phone*)

…… …… …… Messages OK? YES ☐ NO ☐
(Fax number) *(Email address)* *(Cell phone)*

Date of Birth: ……..…. Age: …… Sex: *M* ….. *F* …..

Marital Status: *Single* …..; *Married* …..; *Common-law* …..; *Widowed* …..; *Divorced* …..; *Separated* …..

How did you hear about Cascade? *Pastor* ….. *Doctor* ….. *Family* …….. *Friend* ……

Internet …….. *Christian Fam. Directory* ……. *Yellow Pages* …….. *Poster* ……. *Other(please specify)* ……

If Yellow Pages, under what heading did you find our listing? ……

If Internet, how did you find our website? ……..

Name and Phone Number of your Medical Doctor in case of emergency:

(*for self*) *Name*: …… *Address*: ……*Phone*: ……

(*for spouse*) *Name*…… *Address*: …… *Phone:* ……..

Family Members:

	Name	*Date of Birth*	*Living at home? Yes*	*No*
Spouse (*or parents*):	……	……	……	……
Children (*or siblings*):	……	……	……	……
	……	……	……	……
	……	……	……	……
	……	……	……	……
	……	……	……	……

By signing below, I (for joint counselling, both partners must sign) agree that I have read and understand the conditions outlined in the Counselling Agreement for telephone counselling. I have reviewed and agree to the scope of telephone counselling service, and specifically the 'Limitations of Service' and affirm that I am over 18 years of age.

My fee will be $…….. per session. I understand and agree that the fee will be charged to my Mastercard ☐ or VISA ☐

Card No. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry: ☐☐/☐☐

……..…… ……
(*Signature*) (*Signature*)

10/09
clientinfo