☐ Face to Face/Mobile
☐ E-counselling
☐ Phone session
☐ Video Session
TODAY'S DATE:_____

FEES
Fees depend on the type of supports requesting.
PLEASE CALL THE OFFICE FOR PRICE LIST.

Client Information

Name: _____

Date of Birth: _____ / ____ / ____ (d/m/yy) **Age**: _____

Sex: ☐M ☐F ☐Other
Marital Status:
☐ Single ☐ Married ☐ Separated/Divorced ☐ Widowed

Address:_____

City: _____ Postal **Code**: _____

Cell: _____

Email:_____

Can information be sent to the above address/email? ☐No ☐ Yes
Can a confidential message be left on voicemail? ☐ No ☐ Yes
Is client/patient aware and agreeable to referral? ☐ No ☐ Yes
Are you aware of the fees for your sessions? ☐ No ☐ Yes

Source of Income: ☐ Employed ☐ EI/OW/OSDP/CPP
Insurance coverage:☐ Social Work ☐ Psychotherapy ☐ None

I have read and agreed to this referral, giving permission to share information with the referral source. I understand there are fees for reports. I also understand I need to give 24 hours' notice for cancellations of scheduled appointments.

Date:_____

_____
Client consent signature

Referring Source Information

☐ Family Physician ☐ Social Worker/Community Worker
☐ Psychiatrist/MD/Psychologist
☐ Other (specify) _____

Referral Source: _____

Address:_____

City: _____ **Postal Code**: _____

Office #: _____**Cell#**_____

Email:_____

Person completing form: _____
Risk:
☐ History to SI/HI Dates:_____
☐ History to self-harm:_____
☐ Hospitalizations:_____
☐ Alcohol and Illicit drugs**:**_____
☐ Mental Health diagnosis: _____
☐ Legal Issues:_____
☐ Violence/Abusive:_____
☐ Medication compliance:_____
☐ Medication:_____
_____

Reason for referral:
☐ Relationships/Marital ☐ Substance abuse and Addictions
☐ Depression/Anxiety ☐ Psychosis ☐ Sexual related
☐ Domestic ☐ Anger ☐ Abuse
☐ Bereavement/Grieving ☐Parenting ☐ Mentorship
☐ Psychoeducation ☐ Psychosocial ☐ Trauma
☐ Other_____
_____
_____
_____

PLEASE NOTE REFERRAL SOURCE WILL ONLY BE UPDATED WITH CLIENT'S WRITTEN CONSENT.

Age To Age Training, Education and Counselling Inc.
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Webiste:www.agetoage.ca; www.harrisonmungal.com; https:twitter.com/agetoagec.

PLEASE NOTE FOR OUR OFFICE LOCATIONS CONTACT OUR MAIN OFFICE AT 905-533-1334
Brampton (2 offices), Toronto (2 offices), Mississauga and Scarborough.