

Rae Assessment, Counselling & Consultation

www.raecounselling.com

247 NORTH SERVICE RD. W., SUITE 205, OAKVILLE, ON L6M 3E6

(905) 301-7785

Date: _____

Name(s): _____

Address(es): _____

Postal Code(s): _____

Home Phone #: _____

(Message okay?): Yes No

Cell Phones #: _____

(Message okay?) Yes No

E-Mail Address(es): _____

Date of Birth: _____ Age: _____

Date of Birth: _____ Age: _____

Occupation: _____

How did you hear about my services?

Please briefly describe the current concern/situation:

Have you seen anyone regarding this? _____

Have you ever been in counselling before? If yes, where and with whom?

Please print off this form and bring it with you to your first appointment.