



Client Intake Form

My approach is holistic. Issues of Body, Mind, and Spirit are all relevant

Name:

Gender: M or F or T

Age:

Marital Status:

Children (gender and ages):

Contact Information

Home Address, Postal Code Email and telephone

Circumstances that have led you to seek therapeutic support now. (when started, what was going on in your life – how it progressed, please use back of page):

Aspirations for Therapy

Previous experience with counselling or therapy

Medications (include anti-depression if any)

All information will be treated as confidential

Registered Psychotherapy # 001972

Canadian Somatic Center
nacine@canadiansomaticcenter.com
416 795 4369
359 Jane Street, Toronto, ON