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|  |

# Basic Information Form Date of first appointment:

## Personal Information

|  |
| --- |
| Full Name: |
|  | Last | First | M.I. |

|  |
| --- |
| Address: |
|  | Street Address | Apartment/Unit # |

|  |
| --- |
|  |
|  | City | Province | Postal Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: |  | Alternate Phone: |  |

|  |  |
| --- | --- |
| Email |  |

Preferred Means of Contact:  Home Phone  Alternate Phone  Email

|  |  |  |  |
| --- | --- | --- | --- |
| Birth Date (DD/MM/YYYY): |  | Marital Status: |  |

Gender:  Male  Female  Other Partner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Children’s Names and ages: |  |

## Family Physician Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | |  |
| Address: |  | |  |  |
| Phone: |  | |

## Emergency Contact Information

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you – perhaps a relative, spouse, or close friend. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person:

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone Number: |  | Relationship: |  |