



328 10 Street N.W.
Calgary, AB T2N 1V8
(403) 237-6866
www.effectivehealth.ca

COUNSELLING SERVICES

Please provide the following information and answer the questions below.
Please note: information you provide here is protected as confidential information.
Please fill out this form and bring it to your first session.

Name: _____
(Last) (First) (Middle Initial)

Name of parent/guardian (if under 18 years): _____
(Last) (First) (Middle Initial)

Birth Date: _____ / _____ / _____ Age: _____ Gender: Male Female

Marital Status:
 Never Married Domestic Partnership Married
 Separated Divorced Widowed

Please list any children/age: _____

Address: _____
(Street and Number)

(City) (Province) (Postal Code)

Home Phone: () May we leave a message? Yes No

Cell/Other Phone: () May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Referred by (if any): _____

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?

No
 Yes, previous therapist/practitioner: _____

**Service provided by:
Bobbie Cochrane, MC, RSW**



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CONTRACT TO RECEIVE SERVICES

I, _____, understand, that I am contracting counselling services from **Bobbie Cochrane**. These supports may include:

- Counselling services, anxiety, depression, parenting, grief/loss
- Trauma counselling
- EMDR counseling
- Hypnotherapy

I do understand that all of my personal information will be confidential and information will only be provided to those stated on a release form.

Please note: Confidentiality will be waived in situations where there is a risk to an individual's physical and/or emotional health and safety, including that of a minor child (under 18 years of age). The law requires any adult having knowledge of such circumstances to report the information to the police or Calgary and Area Child and Family Services. In case of such an event, every effort will be made to support you and your family in the process.

Client/Guardian Signature

Date

Bobbie Cochrane, MC, RSW

Date