



Polly Sidher, MSW, BSW, AA, RSW
Individual, Couple & Family Counselling
& Therapy Services
Phone: 905 566 5742
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Referred by: _____

Client Demographic Information:

Date: _____

Name: _____

Home Address: _____

Telephone: _____ Home May I call you here?

May I leave you a message? ___ Work: _____

May I call you here? ___ May I leave you a message? ___

Cell: _____ May I call you here? ___

May I leave you a message? ___

Occupation: _____

Time Preference for sessions: _____

Marital status: _____

Children? Please list name and ages: _____

Have you seen a Counsellor, Clinical Therapist and/or Psychotherapist before? _____

If so, when: (dates): _____

Medications? If so, please list name and dosage _____

What are you hoping to work on during counselling?

