



In GreatHands

Chiropractic & Wellness Centre

Inside Oshawa Centre Mall
C/O Goodlife, 419 King Street West, Oshawa, ON L1J 2K5

Phone: (905) 433-9520 **Fax:** (905) 433-8144

Email: oshawa@ingreathands.com

Website: www.ingreathands.com

Welcome

You are in GreatHands.

Doctor: Dr. Janette M. Collier, Registered Psychologist

CONFIDENTIAL INTAKE FORM

PATIENT INFORMATION	PHONE NUMBERS
Name (with middle initial): _____	Home#: () _____
Date of Birth: _____	Work#: () _____
Address: _____	Cell#: () _____
City: _____	Best time and place to reach you: _____
Province: _____ Postal Code: _____	In case of emergency, contact:
	Name: _____
	Relationship: _____
	Home#: () _____
	Work#: () _____
	Cell#: () _____

OTHER
Family Physician: Name: _____ Phone#: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
It is often helpful if your family physician is made aware that you are seeing someone for psychotherapy and to receive periodic <i>general</i> updates on your progress. Are you agreeable to Dr. Collier sending the following to your physician (please mark your response or discuss with Dr. Collier if you have any questions to be answered before making this decision):
An initial letter stating you have started psychotherapy with her <input type="checkbox"/> Y <input type="checkbox"/> N
Periodic update letters outlining your general progress in therapy <input type="checkbox"/> Y <input type="checkbox"/> N
Please indicate how you heard about the clinic:
<input type="checkbox"/> Yellow Pages <input type="checkbox"/> Health Food Store <input type="checkbox"/> Friend/Family <input type="checkbox"/> Massage Therapist
<input type="checkbox"/> MD <input type="checkbox"/> Chiropractor <input type="checkbox"/> Other: _____

Print Name

Signature

Date