

Suite 408 3621 Highway 7 East Markham, ON. L3R 0G6 Highway 7 and Warden- Liberty Square

Dr. Karen Ghelani, C. Psych. Clinical Psychologist

INTAKE SHEET

A. Identifications

1. Name:	Birthdate:	Age:
		nber:
	City:	
Postal Code:		
Currently employed: No Y	Yes, as:	_Work phone:
		Email:
If attending school: Name of In	school: Name of Institution Program:	
Years attended:		
2. Spouse's Name:	Birthda	.te: Age:
Home phone:	Cell Nun	nber:
		ity:
Postal Code:		
3. The following next of kin ca	n be contacted in case of	an emergency:
Name:	Relationship	
Home Phone:		
Cell Number:	Address: Street:	
City:	Postal Code:	

B. Referrals

4. Who referred you? Name:	Phone Number
5. Family Physician Name: Location:	Phone Number
treatment/or an assessment? YesI will not release any other information	at this time without your consent as at this time and reason for requesting
Thank you	

Dr. Karen Ghelani, Ph.D., C.Psych. #4180