

CLIENT CONTACT INFORMATION SHEET

The Trauma Healing Center

647-969-7980
admin@thetraumahealingcenter.ca
2000 Argentina Road, Plaza 3, Ste 240
Mississauga, Ontario L5N 1W1

CONTACT INFORMATION

Name: _____

Primary Phone: (____) _____ - _____

Birth Date: (MM/DD/YYYY) ____/____/____

Secondary Phone: (____) _____ - _____

Age: ____

May We Leave A Voicemail?

Gender: _____

Yes: ____ No: ____

Pronouns: _____

Address: _____

Email: _____

City: _____

May We Send You An Email?

State: ____ Zip: _____

Yes: ____ No: ____

OCCUPATION INFORMATION

Employer: _____

Job Title: _____

Work Phone: (____) _____ - _____

Address: _____

May We Call this Number?

City: _____

Yes: ____ No: ____

State: ____ Zip: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Phone: (____) _____ - _____

Relationship: _____

May We Call this Number?

Email: _____

Yes: ____ No: ____

PLEASE NOTE:

EMAIL CORRESPONDENCE IS NOT CONSIDERED TO BE A CONFIDENTIAL MEDIUM OF COMMUNICATION UNLESS SENT USING AN ENCRYPTED SERVER.