



Suite 408 3621 Highway 7 East
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Highway 7 and Warden- Liberty Square

**Dr. Karen Ghelani, C. Psych.
Clinical Psychologist**

INTAKE SHEET

A. Identifications

1. Name: _____ Birthdate: _____ Age: _____
Home phone: _____ Cell Number: _____
Address: Street: _____ City: _____
Postal Code: _____

Currently employed: No Yes, as: _____ Work phone: _____
Email: _____

If attending school: Name of Institution _____ Program: _____
Years attended: _____

2. Spouse's Name: _____ Birthdate: _____ Age: _____
Home phone: _____ Cell Number: _____
Address: Street: _____ City: _____
Postal Code: _____

3. The following next of kin can be contacted in case of an emergency:
Name: _____ Relationship: _____
Home Phone: _____
Cell Number: _____ Address: Street: _____
City: _____ Postal Code: _____

