

Client Name: _____

Date of Birth: (YYYY/MM/DD) _____

Address: _____

Phone Number: _____

Email: _____

Primary Contact: _____

Status # (if applicable): (10 Digits) _____

Indian Residential School (IRS) – Resolution Health Support Plan: Yes | No
Former attendees and their family members may be eligible for extended benefits for counselling services.

Name of Attendee: _____ Relation: _____

Attendee's Date of Birth: _____ Status Number: _____

Reason(s) for Referral: _____

Referred By: _____

Referrer's Preferred Method of Contact: Phone | Email | Fax _____

How would you like to receive appointment confirmations? Email | Text Message
Appointment Confirmations are provided 2 business days before each session. Please ensure we have your up-to-date contact information.

Phone: (807) 767-3888
Toll-free: 1 (833) 467-0275
Fax: (807) 346-9409
info@kellymentalhealth.com
www.kellymentalhealth.com