

Tel: 905-780-1470 Fax: 647-699-9812

Email: help@psychotherapymatters.com

Patient Information:

First Name: _____ Last Name: _____

Date of Birth: _____ Phone Number: _____
(YYYY-MM-DD)

Street Address: _____

City: _____ Province: _____ Postal Code: _ _ _ _ _

Email Address: _____

Communication Preferences:

Can Psychotherapy Matters email the address listed above? Yes No

Can Psychotherapy Matters leave a message at the phone number listed above? Yes No

Report Source of Records:

This report was provided to me by:

Psychotherapy Matters or psychiatrist directly Family doctor or nurse practitioner

Other: _____ (please specify)

NOTE: You have the right to request changes to your personal health information held by Psychotherapy Matters. Psychotherapy Matters has the right to deny changes if they are not significant and/or clinically relevant to your care.

