

Brain In Balance

Neurofeedback / Counselling

braininbalance.ca

778-389-3858



Client Contact Information

CONFIDENTIAL

Name: _____

Home Address _____

City _____

Province _____

Postal Code _____

Date of Birth: (day)____/(mth)____/(yr)_____

Age: _____

M F

Home Phone (____) _____

Cell Phone (____) _____

Emergency Contact: _____ Phone (____) _____

Other Clinicians involved in your wellness:

Clinicians you would approve of me contacting:

Medications you are currently taking:

How did you hear about Brain In Balance – Neurofeedback?

Counselling _____

Referral _____

Word of mouth _____

Web Directory (specifically) _____

Brain In Balance Website _____

Other (details) _____