

**Bruce M. Small, M.Ed., Registered Psychotherapist**

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Client Data and Consent to Communication

Client Information:

Full name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ (leave msg? ) Work Phone: \_\_\_\_\_ (leave msg? )

Mobile Phone: \_\_\_\_\_ (leave msg?  textable? )

E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact (if available):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Consent to Communication:

My preferred form of communication for arrangement or confirmation of appointments is:

e-mail  text  phone to: \_\_\_\_\_

I understand that e-mail and text are not secure forms of communication. Notwithstanding, I hereby authorize that in the event that I raise more substantial issues on either of these media for feedback from the above therapist, that he is hereby authorized to reply in kind on the same media.

\_\_\_\_\_  
client signature

\_\_\_\_\_  
date