



ERIKA ENGEL
PSYCHOTHERAPY | COACHING

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Client Info sheet

Personal Information

Full name

Address

(+ City, Province, Postal code)

Telephone

Alternate Telephone

Gender & DOB

Email

Education & Employment Information

Current Employer

Position

Years with Company

Level of Education
Attained

Source of Referral

Name and contact

Emergency Contact

First name, Last name

Telephone

Relationship

No of COVID 19
vaccination & dates