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# Dan McGann Therapy Inc.

Dan McGann, M.S.W., R.S.W.  
Individual, Couple and Family Therapy  
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Referred by: \_\_\_\_\_

## Client Demographic Information:

Date: \_\_\_\_\_

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

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

Telephone: Home: \_\_\_\_\_ May I call you here? \_\_\_

May I leave you a message? \_\_\_ Work: \_\_\_\_\_

May I call you here? \_\_\_ May I leave you a message? \_\_\_

Cell: \_\_\_\_\_ May I call you here? \_\_\_

May I leave you a message? \_\_\_

Occupation: \_\_\_\_\_

Time Preference for sessions: \_\_\_\_\_

Marital status: \_\_\_\_\_

Children? Please list name and ages \_\_\_\_\_  
\_\_\_\_\_

Have you seen a Psychotherapist previously? \_\_\_\_\_

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Medications? If so, please list name and dosage \_\_\_\_\_

What are you hoping to work on during counseling?

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