



Confidential Client Contact Information Sheet

Full Name: _____ Date of birth: _____
day/month/year

Address: _____
Street address *Apartment/Unit#*

_____ *City* *Province* *Postal Code*

Is it safe to send mail to this address? Yes [] No []

Phone: _____

Is it safe to contact you at this number? Yes [] No []

Alternate phone: _____

Is it safe to contact you at this number? Yes [] No []

Email address: _____

Is it safe to contact you by email? Yes [] No []

Occupation: _____

Employer: _____

If you do not have an email account, we strongly suggest that you create one, they are easy to set up and free. Alternatively, we would be happy to assist you in creating an email account specifically for our correspondence.