



**Sweetgrass & Sage  
Counselling and Assessment Services**

**25 Wentworth St., Unit 102**

**Dartmouth NS B2Y 2S7**

**Phone: 902-830-2254**

**Fax: 902-431-0374**

**Email: [sweetgrasssage@eastlink.ca](mailto:sweetgrasssage@eastlink.ca)**

**Website: [www.sweetgrasssagecounselling.ca](http://www.sweetgrasssagecounselling.ca)**



**Registration for Clinical Services for Self**

**(Please Print)**

Today's Date: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Messages: \_\_\_\_\_ No Messages: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Messages: \_\_\_\_\_ No Messages: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Messages: \_\_\_\_\_ No Messages: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_ Partner's Name: \_\_\_\_\_

Family Doctor (name, phone number, fax number & address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NS Health Card # \_\_\_\_\_

Other Insurance: Name: \_\_\_\_\_ # \_\_\_\_\_