

Conscious Living Wellness Services Inc.

406 - 1168 Hamilton Street, Vancouver, BC, V6B 2S2

T (604) 542-7130

Kyla Yaskowich, PhD, Registered Psychologist #2066

INDIVIDUAL INFORMATION FORM

Date: _____

How did you hear about my services? _____

Last Name: _____

First Name: _____

Birthdate: _____

Phone: c) _____ **(messages ok?)** _____

Home Address:

Email: _____

Please email me (a few times/year) about upcoming Seminars YES _____ NO _____

Please email me occasionally to provide your Wellness Newsletters YES _____ NO _____

Hourly Rates:

\$250.00/60 min In Office

\$220.00/60 min Video/Phone

50% Late Cancellation Fee – if less than 48 hours notice is provided

I hereby accept services from Kyla Yaskowich, Ph.D., R.Psych. under the terms and conditions which have been reviewed with me on the Informed Consent Form on file. I accept personal responsibility for missed appointments and any billings not payable by third party coverage.

Signature

Date