

Tara Tucker MD FRCPC MEd
Therapy for Grief, Loss, Life Transitions

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Intake Form

Welcome! Please complete the following questions to the best of your ability and return to me by fax, or email, or you may bring on your first visit.

Name: _____

DOB: _____ Age: _____ Gender: _____

Address: _____

Home Phone: _____ May we leave a message? Yes No

Cell/Work/Other Phone: _____ May we leave a message? Yes No

Email: _____ May we leave a message? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

OHIP #: _____ Version code: _____

Reason for coming to see Dr. Tucker:

Please list any past or current medical issues:

Have you previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?

No Yes,

If yes, previous therapist/practitioner:

Are you currently taking any prescription medication? Yes No

If yes, please list:

Is there anything that you would like Dr. Tucker to be aware of prior to your first visit?

Thank you!

Tara Tucker