



Associates in Christian Therapy Services (ACTS)

Being Relevant in Today's Hurting Community

1-800-417-6966, ext 0

Please note that all fields are required.

Once the form is completed, please send to intake@acts927.ca or fax at 1-844-950-7111.

Personal Information

First Name: _____

Last Name: _____

Phone Numbers:

Can we leave a message at this number?

Work: _____

Home: _____

Cell: _____

Email: _____

Therapy Information

I/we are looking for Individual therapy Couple therapy Family therapy

Briefly describe what you would like to discuss in therapy.

Have you been in therapy before? Yes No

If yes, when were you in therapy? _____

Type of therapy received: _____

Approximate duration of previous therapy: _____

With whom/which organization provided the service: _____

ACTS offers the integration of faith (such as prayer and/or Scripture) in sessions to clients who request it. Please indicate your preference.

Appointment Information

Which location would you like to have services?

Ottawa/Vanier Ottawa/Nepean

What is your general availability? Morning Afternoon Evening

Fees are \$175 by session, which is reimbursable by most insurance programs.

If you foresee that it will not be possible to pay our standard fee, there is a possibility that you may qualify for our sliding fee scale, which needs to be discussed at intake.

General Information

How did you hear about ACTS?

Family/Friends Newspaper Radio Website Other _____

Do you attend a local church? Yes No Occasionally

If yes, which one _____