**Anne Graham, MC**
Licensed Psychologist

**FOCUSED ON CHILDREN, ADOLESCENTS AND THEIR FAMILIES**
(506) 434-5159
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| **Child's Last Name:** | **Date of Birth (M/D/Y):** |
| **Child's First Name:** | **Gender:** M F |
| **School Child Attends:** | **Child's Grade:** |
| **Other Name(s):** | **Home Phone #**: |
| **Street Address:** | **Province:** |
| **City:** | **Postal Code:** |
| **Name(s) of Parent(s) / Legal Guardian(s):** | **Relationship to Child:** |
| **Address of Parent(s) / Legal Guardian(s):** | **Primary Language**:<br>English French Other |
| **Who to Contact for Appointments:** | |
| **Employee Assistance Program:** Y N | **Private Insurance:** Y N |
| **Referred to therapy by (if anyone):** | |
| **Reasons for Seeking Therapy:** | |