

Lighthouse Wellness Centre
Unit T (4 th Floor)
29-10 th Street, Brandon, MB
Email: office@lighthousewellnesscentre.ca
Phone: (204) 728-0054



Adult Intake :

Name: _____ Today's Date: _____

Date Of Birth: _____ Age: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

FNIHB # (If applicable): _____

Treaty # (If applicable): _____

Cell Phone: _____ May I leave a message? Y ___ N ___

Home Phone: _____ May I leave a message? Y ___ N ___

Email: _____

Current Occupation: _____

Emergency Contact: _____

Relationship to you: _____ Phone: _____

Family Doctor: _____

Relationship status: Singled___ Married___ Partnered___ Common-law___
Separated___ Divorced___ Widowed___

Spouse/partner's name: _____

Age: _____ Years in relationship: _____

Children (Gender and age):

Main reasons for seeking help:

Referral Source: _____