



"I choose to use my experience to make a profound difference in the lives of others"

Diane Valiquette, founder of the The SDRC Inc.

Information Form

Name* _____ Home Phone* _____

Address* _____ City* _____

Province* _____ Postal Code* _____

E-mail Address* _____

How can we help you? Please provide a brief description.*

Are you married?* Yes No

Are you separated or divorced?* Yes No

Do you have any addictions?* Yes No

If so, what are your addictions? Alcohol Drugs Prescription Other

Are you presently seeing a therapist for individual or marital counseling?* Yes No

If so, please provide therapist information:

Therapist's Name: _____ Therapist's Phone Number: _____

Do you have children?* Yes No

If so, how many? _____

What seminar or sessions are you interested in attending?* Consultation Mediation

Couples Counseling Reflexology Rebuilding Seminar

Will you be paying the deposit or the full amount?* \$50.00 deposit Full Amount