

Sheryl A. Tanco, Ph.D.

Registered Psychologist

Client Information

Name: _____

Address: _____

Telephone Number: Home _____ Work _____ Cell _____

If necessary, messages to be left at : Home (yes/no), Work (yes/no), Cell (yes/no)

E-mail: (yes/no) _____

Date of Birth: _____

Referral Source: _____

Family Physician: _____

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