



First Nations Health Authority
Health through wellness

Mental Health Counselling Proof of Services Rendered

Use this form only to capture clients' signatures as proof of services rendered. Please keep the signed form in your records. You do not need to submit the form to the First Nations Health Authority unless requested.

CLIENT INFORMATION

CLIENT NAME

STATUS NUMBER (MANDATORY FOR FIRST NATIONS)

DATE OF BIRTH (YYYY/MM/DD)

PHONE

PROVIDER INFORMATION

PROVIDER NAME

INDIVIDUAL PRACTITIONER NAME

Client's Signature (maximum 22 sessions) Required for each session; can be signed by parent/guardian. For telehealth, list the location (community) of the client and provider instead.	Session Date (YYYY/MM/DD)	Session Duration (15-minute increments)
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