

Life Contract

I, _____ agree that I will not attempt to end my life while under the care of a practitioner, while doing sessions or treatments, at Visionary Health Medical Educational Clinic. If I experience suicidal thoughts and feelings that I am having difficulty controlling, I agree to immediately call/contact, my family member, my Physician, the Gerstein Centre, and/or the Distress Centre until I reach someone with whom I can speak. If my phone call(s) does not alleviate the impulse to do myself harm, or if I am unable to reach any of these people, I will go to the nearest Hospital Emergency room.

I agree to a continuing collaboration with my Team members of care on the issue of suicide, with the intention of learning how to deal more effectively with the underlying causes of suffering, of creating improved resources for myself, and of reaffirming the meaning and value of my life.

Finally, I give permission to my practitioner, to contact with my Physician (GP) and my Mental Health Professional(s), to promote a coordinated effort in support of my intention to develop my inner and outer resources, grow stronger, and deepen my commitment to life.

Client Full Name: _____ Phone: _____

Patient Signature _____ Date _____

Name of Professional _____

Professional Signature _____ Date: _____

Emergency Phone Numbers

Distress Centre – Etobicoke	416-247-5426
Distress Centre – Hamilton	905-525-8611
Distress Centre – Mississauga	905-278-7208
Distress Centre – North York	416-636-9610
Distress Centre – Toronto	416-408-4357
Gerstein Centre Crisis Line	416-929-5200
Gerstein Centre 3 rd Party Referral Line	416-929-9897
Sunnybrook & Women's College St Michael's Hospital Emergency	416-480-4207
Health Crisis Response Team	416-289-24344
Mount Sinai Hospital Emergency	416-586-5054
North York General Emergency	416-756-6001
Further Training- Crisis Intervention Workshops - Gerstein Centre	416-929-0149 gerstein.ctr @sympatico.ca



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