

	<b>Client</b>	Sex: F M	DOB:	Age:
<b>Identifying Information</b>	Date of 1 <sup>st</sup> Call:			
	Surname:		First Name:	
	Address:			
	City:		Postal Code:	
	Phone	Home Cell Work		Home Cell Work
	Email:			
	<b>PARTNER</b>	Sex: F M	DOB:	Age:
	Surname:			
	First Name:			Initial:
	Address:			
	City:		Postal Code:	
	Phone	Home Cell Work		Home Cell Work
	Email:			
	<b>CHILDREN</b>	M F	Age	Parent
Status: Single Married Common-Law Blended Separated Other, describe:				
Length of Present Relationship:				
<b>Office Use Only</b>	Preferences: evening day. Other:			
	Date of Initial Session:		Therapist:	
	PP:			
	File Closed:		Reason:	

<b>Doctor/Emergency Cont.</b>	Primary Family Doctor:	Phone:
	Address:	
	City:	Postal Code:
	Medical Conditions:	
	Current Medications:	
	Can we contact your doctor with updates? YES NO _____	
	Signature	
	Local Emergency Contact:	
	Relationship:	Phone:
<b>Counselling Hx</b>	Have you ever been in counselling before? Yes No	
	If yes, for what and when?	
<b>Mental Health</b>	Do you have a family history of:	
	Mental Health Issues – e.g. depression Serious Illness Chemical Dependency If yes, please explain:	
<b>Referral Source</b>	How did you find me?	
	Internet - Search Engine: _____ Keywords: _____ Other Website Ad – Name of Website: _____ Word of mouth – Name of person who referred you: _____ Doctor – Name of Doctor _____ Telus Yellow Pages – What did you look under? _____ Other – Please describe:	
<b>Contact Log</b>		