

EMBRACE YOUR NATURE

CLIENT INFORMATION

Please fill out this information form as carefully and as thoroughly as possible. This information is confidential and will be used by your counsellor to assist you. Please use the reverse side of the last page if you wish further space for any of the questions.

Basic Information

Client Name _____

Date of Birth (day/month/year) _____

Address _____

City _____ Postal Code _____

Please do not include phone numbers at which you do not wish to be contacted.

Home phone _____ Work phone _____

Email address _____

Career Occupation _____

Education

Education completed _____

Current Marital Status

(Circle one of the following)

Single Engaged Married Separated Common-Law Divorced Widowed Years married/common-law
_____ Years

Separated/divorced/widowed _____ Years

Name of spouse/partner _____ Age _____

Occupation of Spouse/partner _____

My relationship is (Circle one of the following) very happy happy average unhappy very unhappy

EMBRACE YOUR NATURE

Have you been previously married? Yes _____ No _____ How long? _____

Family Information

Name of child _____ Gender _____ Age _____ Living with you? _____

Name of child _____ Gender _____ Age _____ Living with you? _____

Name of child _____ Gender _____ Age _____ Living with you? _____

Name of child _____ Gender _____ Age _____ Living with you? _____

Are your parents still living? Mother _____ Father _____

Did either parent ever have problems with Alcohol/drugs/other? _____

Describe your parent's marriage: (Circle one) very happy happy average unhappy very unhappy

Describe your life as a child: (Circle one) very happy happy average unhappy very unhappy

Describe your life as a teenager: (Circle one) very happy happy average unhappy very unhappy

Describe your life in the last six months. (Circle one) very happy happy average unhappy very unhappy

Additional Comments? _____

Medical Information

List any present health problems, major surgeries, injuries (with dates)

Date of last medical checkup _____ Reason _____

Family Physician _____

Are you taking medication now? _____ Name(s) of your medication

EMBRACE YOUR NATURE

Reason for taking medication _____

Vitamins/supplements _____

Reason for taking Vitamins/supplements

Psychological Information

List any significant crises, losses or stressors

Have you ever had a "nervous breakdown" or other significant emotional problem? _____

Please explain _____

Have you ever received psychotherapy, counselling, or other treatment for personal and/or marital problems?

Yes _____ No _____ Dates _____

What issues were treated? _____

Supplementary Questions

My greatest fear is _____

My greatest hope is _____

Please describe the problems for which you are seeking help _____

EMBRACE YOUR NATURE

Who is aware of your problem(s)? _____

What would you like to see happen as a result of coming for help?

Religious/Spiritual Information (optional)

Religion _____

Denomination (if applicable) _____

Do you attend a place of worship? Yes _____ No _____

How does your faith/spiritual life affect your present situation? _____

Additional Comments

Please use this space if there is anything you wish to add:

Thank you for your cooperation in completing this form!