

Confidential Client Information

Welcome to Perspectives Clinic. Please provide the following information and bring the completed form to your first appointment. This information is confidential. If you have concerns about providing any of the following information, please feel free to leave it out.

Date: _____

Full name: _____ Gender: M / F

Age: _____ Birthdate: _____ Birthplace: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (day): _____ Phone (evening): _____

Education: _____

Current Occupation: _____ Full time/part time (circle)

Relationship status (circle): Single Married Partnered Separated Divorced Widowed

Partner/spouse's name: _____ Age: _____ Years in relationship: _____

Children (gender, age): _____

Person to contact in the event an emergency: _____

Relationship to you: _____ Phone: _____

Family Doctor: _____ Phone: _____

Please list any significant current or past medical problems: _____

Please list any prescription and over-the-counter medications that you currently take and the dosage of each.

Have you ever seen a psychologist, psychiatrist, or a counselor? Yes No

If yes, please provide the name of the professional, the dates you saw them (e.g., Sept 2000 – April 2001), and the reason for treatment.

Have you ever been hospitalized for a mental health concern? Yes No

If yes, please give the dates and the nature of the concern at the time: _____

What is the nature of the concern that you wish to address in therapy? For example, feeling overwhelmed, stress, mood problems, feeling anxious, difficulty adjusting to a health issue, etc.

In order for therapy to be most effective, it helps to have a specific goal. What do you hope to achieve in therapy? Feel free to leave this blank if you are uncertain and prefer to discuss this at your initial appointment.

How did you hear about Perspectives Clinic? Family doctor Other health professional

Search engine (e.g., Google) Psychology Today Website Counselling BC Website

BC Psychological Association Website Other _____