

BASIC CLIENT INFORMATION

Name: _____ Date: _____

Address: _____
Street Apt. # City Province Postal Code

Telephone: _____ (Res.) _____ (Bus.)

Occupation: _____

Education: _____

Birthplace/Date of Birth: _____ Cultural/Ethnic Background _____

Anything you consider relevant from your medical history including existing conditions, medication, and ongoing treatment: _____

Any previous counselling or mental health treatment? Please include approximate dates:

Are you currently in treatment? _____

If yes, please give details: _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____
Street Apt. # City Province Postal Code

Telephone: _____ (Res.) _____ (Bus.)

P.T.O.

FAMILY INFORMATION

	<u>Name</u>	<u>Live with You?</u>		<u>Age</u>	<u>Gender</u>	<u>Important Dates (death, marriage, separation)</u>
		<u>Yes</u>	<u>No</u>			
Partner (current and / Or previous)						
Children (Stepchildren)						
Father						
Mother						
Siblings						
Any other People who Live with you						

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