

NEW CLIENT INFORMATION FORM – Couples Counselling

Please fill out this information form as thoroughly as possible – it is confidential and will only be used in the context of counselling services.

1) Full Name: _____

Date of Birth: _____ Age: _____ Male/Female/Other
(day/month/year)

2) Full Name: _____

Date of Birth: _____ Age: _____ Male/Female
(day/month/year)

Current Relationship Status: Single | Dating | Engaged | Married | Separated | Common-Law | Divorced | Widowed

Number of Children/dependents: _____ Age(s): _____

Please indicate contact information where you can both be reached and circle the type of message that may be left:

Home:	No Message	Yes Message
Cell:	No Message	Yes Message
Work:	No Message	Yes Message
Other:	No Message	Yes Message
Email:	No Message	Yes Message

I / we provide consent to be contacted by the above email.

Address: _____

Education/Occupation(s): _____

General household annual: \$0-30,000 \$31-60K \$61-90K \$91-120K \$120-150K \$150K +

How did you hear about this service/referral source: _____

Current medications (Please circle): None Yes

Name of medication(s):	Reason for medication(s):	How long taking medication(s):
_____	_____	_____
_____	_____	_____

Current Illnesses/Disability: _____

Family Physician: _____ Is this a court or insurance related issue? Yes No

Goals for Counselling: