

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: _____
(day/month/year)		
2) Full Name: _____		
Date of Birth: _____		Age: _____
(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:		
Name: _____	Name: _____	
Home:	No Message Yes Message	No Message Yes Message
Cell:	No Message Yes Message	No Message Yes Message
Work:	No Message Yes Message	No Message Yes Message
Email: _____		
Email: _____		
<input type="checkbox"/> I/We provide consent to be contacted by the above email (for the purpose of confirming, rescheduling, cancellation of appointments, and providing receipts for services). The email addresses provided are private/confidential and we understand the inherent risks associated with electronic communication. **Please provide updated email address changes as needed.		
Address: _____		
Education/Occupation(s): _____		
How did you hear about this service/referral source: _____		
Current medications (Please circle):		
<u>Name of medication(s):</u>	<u>Reason for medication(s):</u>	<u>How long taking medication(s):</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please note that your appointment is held exclusively for you. If you are unable to keep your appointment a minimum of 24 hours advance notice is appreciated for cancellation or rescheduling. This notice provides an opportunity for other clients in need of services to use that appointment time*

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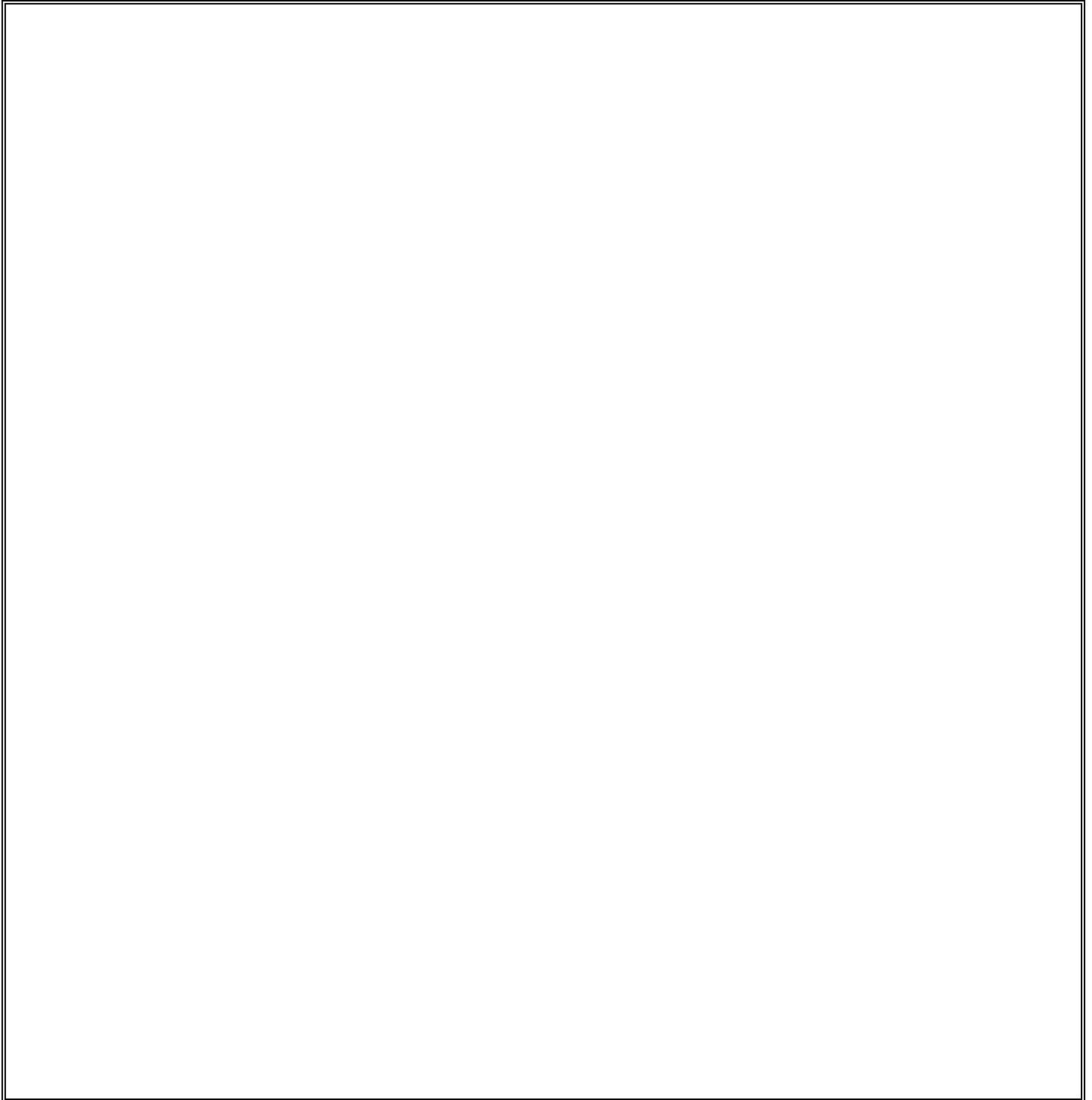
Current Illnesses/Disability/Injuries/Surgeries: _____

Family Physician(s): _____ Is this a court or insurance related issue? Yes/No

Any past/present addiction(s)/treatment: Yes/No _____

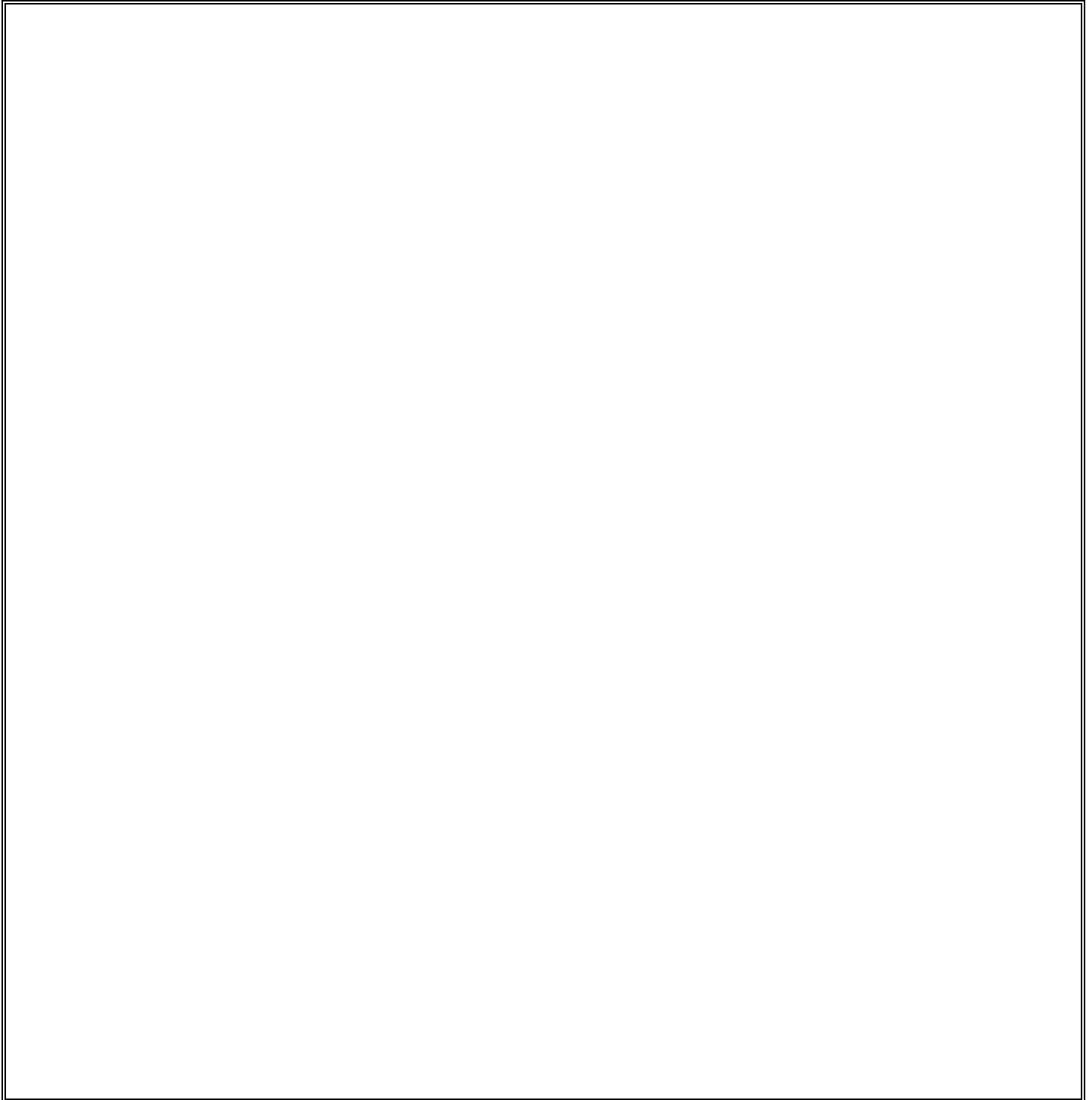
Goals for Counselling:

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