

Dr. Michelle Vandegriend

Registered Psychologist #3215 Stalbertcounselling.com

**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: _____	

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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