

Dr. Michelle Vandegriend

Registered Psychologist #3215 Stalbertcounselling.com

NEW CLIENT INFORMATION FORM – Individual 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.

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 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

Email: _____

I 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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