



CLIENT REGISTRATION AND HISTORY

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DOB: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ CURRENT AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ (PRIVATE? Y N

PHONE NUMBERS - Please indicate preferred number to be reached at (LEAVE MESSAGE?)

HOME: \_\_\_\_\_ CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ DURATION: \_\_\_\_\_

OTHERS LIVING IN THE HOME:

NAME	DOB	M/F	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LANGUAGES SPOKEN: \_\_\_\_\_ CULTURE: \_\_\_\_\_

RELIGION: \_\_\_\_\_ EDUCATION: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

MEDICAL ISSUES: \_\_\_\_\_

\_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_

LEGAL ISSUES: \_\_\_\_\_

Recognize. Strive. Achieve.



SUMMARY OF PRIOR THERAPY:

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REFERRAL SOURCE: \_\_\_\_\_

PRIMARY REASON FOR SEEKING COUNSELLING: \_\_\_\_\_

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CONCERNS (If the concern was something you struggled with in the *past*, put a “P” beside the issue. If the concern is something you *currently* struggle with, indicate this with a “C” Some issues may have both a “P” and a “C”):

<u>ADDICTIONS:</u>	<u>EMOTIONAL:</u>	<u>RELATIONSHIPS:</u>
Alcohol	Anger	Blended Family
Drugs	Anxiety	Child/Teen Behaviour
Gambling	Attachment	Co-parenting
Internet	Compulsive Behavior	Couple Conflict
Pornography	Depressed Mood	Custody
Sex	Eating Disorder	Divorce
Other	Family of Origin	Family Functioning
	Grief/loss	Infidelity
<u>CULTURAL:</u>	Panic	Multigenerational Issues

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Achieve.



Adjustment	Psychotic Symptoms	Parent/Child conflict
Immigrant	Self Esteem	Parenting
Refugee	Self-injury	Reconciliation
	Spirituality	Separation
<b><u>EDUCATION:</u></b>	Stress	
Academics	Suicidal	
Adjustment	Trauma	<b><u>VIOLENCE:</u></b>
Career Choice		Emotional
Financial	<b><u>PHYSICAL:</u></b>	Homicidal
Peers	Child Health	Neglect
	Chronic Pain	Physical
<b><u>SEXUALITY:</u></b>	Disability	Sexual
Behaviour	Health	Verbal
Dysfunction	Pregnancy	
Sexual Identity	Pregnancy Loss (miscarriage/termination)	<b><u>EMPLOYMENT:</u></b>
Sexual Orientation		Job Difficulties
		Unemployment
		Underemployment

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Signature of Client

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Achieve.