



Client Information

Name: _____

Date of Birth: ____/____/____

DD/MM/YYYY

Address: _____

Street

P.O. Box (if applicable)

City/Town

Province

Postal Code

Phone

Cell

check if a discrete message can be left check if a discrete message can be left

Emergency Contact Person: initial here indicating that you understand that providing this information allows Guiding Light Psychology to contact this person in the case of an emergency. _____
initials

Name: _____

Relationship: _____

Address: _____

Street

P.O. Box (if applicable)

City/Town

Province

Postal Code

Phone

Cell

Describe what your hope to achieve through the help of Counselling:

Other than what you have listed above, do you have any of the following concerns?

Describe

Financial Yes No _____
Legal Yes No _____
Medical Yes No _____

Name of your family doctor: _____

Medications: _____

Have you ever received counselling before? Yes No

Have you ever been hospitalized for a mental health issue? Yes No

Please specify what year and reason: _____

What is your work status:

- | | |
|--|---|
| <input type="checkbox"/> Working/Good Attendance | <input type="checkbox"/> Working/Frequent Absence |
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Short Term Disability |
| <input type="checkbox"/> Long Term Disability | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Other _____ |

During the last 12 months select how often and write in how much did you use on average.					
	Never	Less than once per month	1 to 3 times per month	1 to 2 times per week	3 times per week or more
Alcohol (Standard drinks)					
Cannabis					
Cocaine					
Non-Prescribed Prescription Drugs					
Other Drugs					
Tobacco/e-cigs./vaping					

Standard Drinks (SD)

Spirits (40%)	Beer (5%)	Wine (12%)
43 ml (1 oz) = 1 SD	1 small (341 ml) = 1SD	1 glass (5 oz/142 ml) = 1 SD
375 ml (13 oz) = 9 SD	1 king can (750 ml) = 2 SD	1 litre = 3 SD
750 ml (26 oz) = 18 SD	1 boss (950 ml) = 3 SD	1 bottle (750 ml) = 5 SD

Are you concern about your alcohol or drug use? Yes No

Are others concerned about your alcohol or drug use? Yes No

Have you experienced negative consequences as a result of your use? Yes No

If yes describe: _____