



**Please fill out this questionnaire as carefully and as thoroughly as possible. This and all information is confidential and will be used by your therapist to assist you.**

**Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

It is ok for the therapist to contact me via: *(please circle the following)* Work Cell Home

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Gender *(circle one)* M F

**Career/ Education**

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Education Completed: \_\_\_\_\_

**Current Relationship Status** *(please circle one of the following)*

Single Engaged Married Common-Law Separated Divorced Widowed

Years married/common law: \_\_\_\_\_ Years separated/divorced/widowed \_\_\_\_\_

Name of spouse/partner: \_\_\_\_\_ Age: \_\_\_\_\_

My relationship is: *(circle one)* very happy happy average unhappy very unhappy

Have you been previously married? Yes For how long \_\_\_\_\_ No

**Family Information**

*Please write name, gender and age of children in space below:*

\_\_\_\_\_  
\_\_\_\_\_



Are your parents still living? Mother \_\_\_\_\_ Father \_\_\_\_\_ Siblings? \_\_\_\_\_

Did either parent have problems with alcohol/drugs/other? \_\_\_\_\_

What was your parent's marriage like? (circle one)

very happy    happy    average    unhappy    very unhappy    divorced

**Other important information**

Who referred you? \_\_\_\_\_

Please describe your reason(s) for seeking help. \_\_\_\_\_

\_\_\_\_\_

What would you like to see happen as a result of coming for help? \_\_\_\_\_

\_\_\_\_\_

circle the appropriate answer for the following:

Your life as a child was:    very happy    happy    average    unhappy    very unhappy

Your life as a teenager was:    very happy    happy    average    unhappy    very unhappy

Your life in the last six months:    very happy    happy    average    unhappy    very unhappy

**Spiritual/Religious Background (optional)**

Spiritual/Religious/ Church affiliation: \_\_\_\_\_

Spiritual/ Religious Background of family: \_\_\_\_\_

How does your faith/spiritual life play a part in your present situation? \_\_\_\_\_

\_\_\_\_\_

**Physical & Emotional Information**

List any present health problems, major surgeries, injuries (with dates) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Last medical checkup: \_\_\_\_\_ Reason \_\_\_\_\_

Family Physician: \_\_\_\_\_

Are you taking medication now? Yes No Please list name(s) of your medication and reason for the prescription

Name of Medication	Reason for Medication

Family history of serious illness/neurological disease/emotional disorder: (explain)

\_\_\_\_\_  
\_\_\_\_\_

Head injuries (provide description including length of loss of consciousness, amnesia)

\_\_\_\_\_  
\_\_\_\_\_

Alcohol/ drug consumption: (frequency, amount per time)

\_\_\_\_\_  
\_\_\_\_\_

List any significant crises, losses and/or stressors: \_\_\_\_\_

\_\_\_\_\_

Have you ever had an emotional breakdown or any significant emotional problems?

(explain) \_\_\_\_\_

\_\_\_\_\_

Have you ever received psychotherapy, counselling or other treatment for personal and/or marital problems? (circle one) yes no

If yes, when? \_\_\_\_\_