Confidential Client Information

Date: _____

Welcome. Please fill out the following information about yourself as completely and legibly as possible. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so. This information is confidential and will only be viewed by your psychologist.

Name: _____ Age: _____
Birthdate: _____ Birthplace: _____

Address: _____ City: _____
Postal code: _____

Phone: _____ may we leave a message and identify ourselves? _____
Cell/other: _____ may we leave a message and identify ourselves? _____
Email: _____ may we contact you via email?* _____
*please note that email is not considered to be a confidential medium of communication

Marital Status:
□ Never Married □ Domestic Partnership □ Married □ Separated □ Divorced □ Widowed

Partner/Spouse's name, age, and duration of relationship:
_____

Children's name(s) and age(s):
_____

Person to alert in the case of an emergency: _____
Relationship to you: _____ Phone: _____

How did you come to choose me as your therapist? □ Elements Health website □ school
□ psychology today □ friend/coworker □ social media □ google search

Using the following scale, how would you rate the following?

1 - poor 2 - unsatisfactory 3 - satisfactory 4 - good 5 - very good

Physical health _____ Sleep _____ Eating habits _____
Sexual health _____ Spiritual health _____ Emotional/Mental health _____
Romantic life _____ Family life _____ Home life _____
Financial situation _____ School functioning _____ Work situation _____
Friendships _____ Leisure _____
Other _____

Please describe the concerns that have brought you here.
_____
_____
_____

Chantal Jackson, R. Psych
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780-571-3536

Please describe how you handle stressors and cope with the concerns you have described above.

Please identify the name of any clinician(s) you have seen in the past (psychiatrist, psychologist, counsellor, etc.), the months you saw them (e.g., Nov 14 - Feb 15), and the nature of the difficulty at the time.

Please list any diagnoses, medical or otherwise.

Please list any medications you are taking, including prescription, over-the-counter medications and illicit drugs, as well as frequency and dose.

Please describe any significant current or past medical problems.

Please describe your goals for therapy.

Please describe some of your strengths.