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REGISTRATION FORM

Name:________________________________ Referred by:________________________________

Age:_______ DOB (m/d/y):______________________ Today's Date: (m/d/y)___________________

Address:____________________________ City:____________________ Postal Code:_____________

Email:___________________________ Phone: day ______________ night _________________

Is there another way you would prefer to be contacted? ____

Person to notify in case of emergency: ____

Best way to reach this person: ____

1. Why are you seeking help at this time?

____

____

____

2. Who else have you seen for this or similar reasons? When and for how long?

____

____

____

3. Who are the people you live with and how are you related?

____

____

____

4. Are you currently employed? Yes □ No □ What jobs are you doing or have you done most recently?

____

____

____

5. What is the highest level of school you have completed? ______________________________________

. . . continued reverse

6. Name of your family physician: ____________________

7. When was your last physical checkup? ____________________ What were the results? __________

____

8. What medications are you taking at present and for what purpose?

____

____

____

9. Do you drink or use street drugs? Yes ☐ No ☐ If so, please describe ____________________

____

10. List all of the serious injuries, illnesses or operations in your lifetime.

____

____

____

11. Have you ever lost consciousness? Yes ☐ No ☐ If so what happened? ____________________

____

12. What problems or changes have you had in your hearing or seeing? ____________________

____

13. Describe your current mood ____________________

14. What is your usual mood, if different from above? ____________________

15. What sleep difficulties have you had in the last month? ____________________

____

16. What problems have you experienced with your energy level (too much/too little) in the last month? __________

____

17. How has your appetite for food been recently? ____________________

18. What changes in body weight have you had in the last 6 months? ____________________

19. What difficulties have you had recently with your thinking (memory, concentration or speech)? __________

____

20. What role does spirituality play in your life? ____________________

21. What do you like to do for fun? ____________________

____