

1. First Name: _____

Last Name: _____

2. Gender: ☐ Male ☐ Female

3. Address: _____

City: _____

Province: _____

Postal Code: _____

4. Date of Birth: _____

(MM/DD/YYYY)

5. Home Phone: _____

Can we leave a message identifying ourselves as the Calgary Counselling Centre at this number?

☐ No ☐ Yes

Work Phone: _____

Can we leave a message identifying ourselves as the Calgary Counselling Centre at this number?

☐ No ☐ Yes

Cell Phone: _____

Can we leave a message identifying ourselves as the Calgary Counselling Centre at this number?

☐ No ☐ Yes

6. What is your occupation?

7. What is your gross annual income?

We need your income to set your fee

8. Marital status:

☐ Single ☐ Married ☐ Separated
☐ Divorced ☐ Widowed ☐ Common Law
☐ Engaged ☐ Partners

8c. Partner's address (if different from yours):

City: _____

Province: _____

Postal Code: _____

8a. Partner's name:

First _____ Last _____

8d. Partner's date of birth: _____

(MM/DD/YYYY)

8b. Partner's gender: ☐ Male ☐ Female

8e. Partner's Occupation: _____

14. What is your partner's gross annual income?

We need your income to set your fee

9. Do you or your partner have native status?

☐ Me ☐ My Partner

Band Name: _____

Treaty #: _____

Please indicate if it is your or your partner's band name and treaty number?

10. Do you or your partner have insurance that covers counselling? ☐ Me ☐ My Partner

10a. What is the insurance company name? _____

10b. How much coverage in a year do you have? _____

10c. What are your insurance company's credential requirements requires counselling?*(
(i.e. chartered psychologist, registered social worker, etc.)

* For the credentials that you will require there is a minimum fee for counselling when you use your insurance. We do not do third party billing, you will be responsible for paying for the session and acquiring reimbursement from your insurance company.

11. How did you find out about the Calgary Counselling Centre? Who referred you?

- | | |
|---|--|
| <input type="checkbox"/> Client | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Other |
| <input type="checkbox"/> Colleague | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Court | <input type="checkbox"/> School |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Self (includes Yellow Pages & Internet) |
| <input type="checkbox"/> External Professional | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Doctor (Please Provide Name) _____ | <input type="checkbox"/> Union Representative |
| <input type="checkbox"/> Family or Friend | <input type="checkbox"/> EAP Program |

12. Children or Dependents

First Name	Last Name	Relationship	Age

13. When are you available for counselling sessions?

- ☐ Days
- ☐ Evenings
- ☐ Saturday
- ☐ Certain days: _____

We will try to
accomodate your schedule as
much as possible

14. What do you want to talk about in counselling? State your main concerns:

15. How long has the problem been going on? _____

16. Is it getting better or worse now? How? _____

17. Would you like anyone else involved in the counselling with you? (family members, friends, etc)

18. Are you or any family member currently in treatment for any medical problems, including taking
Medication of any type? Please explain: _____

19. Is there a concern about alcohol, drug abuse or overuse of non-prescribed drugs? Please explain:

20. Is there a concern about violence in your life today? Either from you or towards you? Please explain:

How concerned are you about violence on a scale of 1 to 10 (10 being the worst)

21. Is there any concern about suicide? Please explain: _____

How concerned are you about suicide on a scale of 1 to 10 (10 being the worst) _____

Do you have someone you can talk to about it? _____

If you ever need to talk to someone before your counsellor calls you, please call the Distress Centre 403-266-1605. They are a 24-hour crisis line and are always available to talk. If you need urgent help, go to an emergency room where you can get help you if you feel you might hurt yourself.

22. Is there any concern about gambling? Please explain: _____

23. Have you had any counselling before? _____

☐ No

☐ Yes

When: _____

Where did you go? _____

What was it concerning? _____

24. Have you been to the Calgary Counselling Centre before? _____

☐ No

☐ Yes

When: _____

Who did you see? _____

What was it concerning? _____

Is there anything else that you would want the counsellor to know before you came in for an appointment? _____

Please fax this form to Calgary Counselling Centre at: **403-265-8886**

The counsellor will be assigned to your file tomorrow and will contact you within two business days to arrange an appointment.