

Let's Talk About It.....

PSYCHOTHERAPY
Denise Byford
BA MCP RCC CCC
604.889.9919

Client Information

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ home / cell/ other

Okay to leave a message? Yes / No Alternate number: _____

Email address: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Prior Counselling? YES / NO If yes when? _____

For how long? _____

Did it help? Why or Why not? _____

Are you taking any prescription or not prescription drugs? YES / NO

If yes, what is the name, dosage, and purpose? _____

Have you ever received a diagnosis? YES / NO

If yes, what was the diagnosis, when was it given, and by whom? _____

Is there anything else that is important for me to know? _____

What brings you to counselling? _____

How long have you had this concern? _____

Please use reverse side or separate sheet for lengthier responses

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How have you been managing this? _____

What are your goals for counselling? _____

What are your strengths? _____

What are your challenges? _____

What are the most important relationships in your life? _____

What would you like to change about yourself? _____

What would you like to change about your current situation? _____

Other relevant information: _____

Please use reverse side or separate sheet for lengthier responses

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