



Client 2: Employment: \_\_\_\_\_  
\_\_\_\_\_

Client 1: Education (grade complete, any postsecondary): \_\_\_\_\_  
Client 2: Education (grade complete, any postsecondary): \_\_\_\_\_

Client 1: Family Doctor's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Client 2: Family Doctor's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

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Client 1: Relevant Medical History (please describe any significant current or past medical problems): \_\_\_\_\_  
\_\_\_\_\_

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Client 2: Relevant Medical History (please describe any significant current or past medical problems): \_\_\_\_\_  
\_\_\_\_\_

Client 1: Past Counselling      Yes   No   When: \_\_\_\_\_  
For: \_\_\_\_\_

Client 2: Past Counselling      Yes   No   When: \_\_\_\_\_  
For: \_\_\_\_\_

Client 1: Have you ever been hospitalized for a psychological difficulty?  
 Yes    No

Client 2: Have you ever been hospitalized for a psychological difficulty?  
 Yes    No

Type of counselling requested:    Personal    Couple/ Marriage  
 Family

Do you have insurance or employee assistance coverage?  Yes  No, if yes, you may want to determine the number of sessions covered or the maximum payable per year and the method of reimbursement.

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Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship to client: \_\_\_\_\_  
\_\_\_\_\_