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|---|---|
| <p><b>1. First Name:</b> _____</p> <p><b>Last Name:</b> _____</p> <p><b>2. Gender:</b>    <input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p><b>3. Address:</b> _____</p> <p>_____</p> <p>City: _____</p> <p>Province: _____</p> <p>Postal Code: _____</p> <p><b>4. Date of Birth:</b> _____</p> <p style="text-align: center;">(MM/DD/YYYY)</p> | <p><b>5. Home Phone:</b> _____</p> <p>Can we leave a message identifying ourselves as the Calgary Counselling Centre at this number?</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>Work Phone: _____</p> <p>Can we leave a message identifying ourselves as the Calgary Counselling Centre at this number?</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p> <p>Cell Phone: _____</p> <p>Can we leave a message identifying ourselves as the Calgary Counselling Centre at this number?</p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes</p> |
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|--|--|
| <p><b>6. What is your occupation?</b></p> <p>_____</p> | <p><b>7. What is your gross annual income?</b></p> <p>_____</p> <p style="text-align: center;">We need your income to set your fee</p> |
|--|--|

|   |  |
|---|--|
| <p><b>8. Marital status:</b></p> <p><input type="checkbox"/> Single    <input type="checkbox"/> Married    <input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Divorced    <input type="checkbox"/> Widowed    <input type="checkbox"/> Common Law</p> <p><input type="checkbox"/> Engaged    <input type="checkbox"/> Partners</p> <p><b>8a. Partner's name:</b></p> <p>First _____ Last _____</p> <p><b>8b. Partner's gender:</b> <input type="checkbox"/> Male    <input type="checkbox"/> Female</p> | <p><b>8c. Partner's address (if different from yours):</b></p> <p>_____</p> <p>City: _____</p> <p>Province: _____</p> <p>Postal Code: _____</p> <p><b>8d. Partner's date of birth:</b> _____</p> <p style="text-align: center;">(MM/DD/YYYY)</p> <p><b>8e. Partner's Occupation:</b> _____</p> |
| <p><b>14. What is your partner's gross annual income?</b></p> <p>_____</p> <p style="text-align: center;">We need your income to set your fee</p>   |  |

|   |  |
|---|--|
| <p><b>9. Do you or your partner have native status?</b></p> <p><input type="checkbox"/> Me    <input type="checkbox"/> My Partner</p> | <p><b>Band Name:</b> _____</p> <p><b>Treaty #:</b> _____</p> |
| <p>Please indicate if it is your or your partner's band name and treaty number?</p> <p>_____</p>                                      |  |

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  
accommodate your schedule  
as much as possible

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

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15. How long has the problem been going on? \_\_\_\_\_

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16. Is it getting better or worse now? How? \_\_\_\_\_

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

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

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

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

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

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

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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.