



## Confidential Client Information

Welcome to Willow Branch. We want to make the most of each appointment you have with us. One way of doing this is for you to write down some basic information in advance of your first appointment. Please fill out the following as completely and legibly as possible. This information is confidential. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

Your complete name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Daytime number: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_

Education (grade completed, any postsecondary): \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Person to alert in the event of medical emergency: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship status (circle one): Single Married Partnered Separated Divorced Widowed

Is your reason for engaging in services related to relationship counselling? \_\_\_\_\_

Spouse/partner's 1st name: \_\_\_\_\_ Age: \_\_\_\_\_ Yrs in relationship: \_\_\_\_\_

Children (gender, age): \_\_\_\_\_

Please describe any significant current or past medical problems: \_\_\_\_\_

---

---

---



WILLOW BRANCH  
LIFE SERVICES

Please list any medications you currently take. Include prescription and over-the-counter medications and the dosage of each.

---

---

---

---

Have you had previous psychological care or counseling?  Yes  No

If yes, please give the name of the clinician(s), the months you saw them (e.g., Nov 06 - Feb 07), and the nature of the difficulty at the time.

---

---

---

---

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

If yes, please give the dates and the nature of the difficulty at the time: \_\_\_\_\_

---

---

In your own words, what is the nature of the concern that you wish to address in therapy? Feel free to describe this in as much or as little detail as you wish. Use additional paper if you like.

---

---

---

---

---

