



Great River Psychotherapy

Confidential Client Information

Welcome to Great River Psychotherapy! 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 (private). 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: _____

I like to be called: _____

Gender: _____

Address: _____

City: _____ Prov/State: _____ Zip/Postal Code: _____

Home phone: _____ Is it okay to leave a message? Yes No

Cellular number: _____ Is it okay to leave a message? Yes No

e-mail address (optional): _____

Age: _____ Birthdate: _____ Birthplace: _____

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

Spouse/partner's first name: _____ Age: ____ Yrs in relationship: _____

Children (gender, age): _____

With whom do you currently live?: _____

Please describe any significant current or past medical problems: _____

Please list any medications you currently take. Include prescription (and who prescribes them) and over-the-counter medications and the dosage of each. You may also bring a print out of medications.

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: _____

Do you have family members (immediate or extended family) who have had mental health problems- either diagnosed or undiagnosed? If so please list along with their relationship to you.

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.

