Individual, Teen, Couple & Family Therapy
EFT (Emotional Freedom Technique) Practitioner

PERSONAL INFORMATION (Please Print)

Name ______________________________ Today's Date ________________

Address ____________________________ City _______________________

Province_________ Postal Code _________ Birthdate (d/m/y)______________

Home Phone ________________ Cell Phone __________________ text ok? ____

E-mail ______________________Occupation _______________________

STATUS	TO WHOM	HOW LONG	STATUS	WITH/FROM WHOM	HOW LONG
Single			Common-law		
Dating			Separated		
Engaged			Divorced		
Married			Widowed		

Current Partner's Name _________________________ Birthdate (d/m/y) ________

Children's Name(s)	Age	Children's Name(s)	Age

REFERRAL INFORMATION

How did you hear about MCG Counselling?

Yellow Pages   Internet   Friend/Acquaintance   Doctor

Other (please describe)____

PREVIOUS COUNSELLING

Have you attended counselling before?   If "YES", please list as follows:

COUNSELLOR	ORGANIZATION	CITY	WHEN

PRESENT COUNSELLING DETAILS

Please provide details to the areas that apply to you:

Medical conditions: ____

Medications: ____

Abuse: (psychological, physical, emotional, financial, sexual, spiritual)

Present____
Past ____

Do you feel safe in your current relationships? _____________________________________

Issues with sleep: ____

Issues with appetite: ____

Issues with memory or concentration:____

Do you live with depression or anxiety? ____

Do you have thoughts or plans of self harm? ______________________________________

Do you have thoughts of suicide? ____

Addictions: ____

Substance use: What kind? __________________How often? _________________________

Would you describe your work environment as more supportive or more problematic?

____

Would you describe your home environment as more supportive or more problematic?

____

What concerns are you wanting to discuss today?

____
____
____
____
____
____