

CONFIDENTIAL BASIC INFORMATION

NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

DATE OF BIRTH _____ AGE _____

EMERGENCY CONTACT NAME _____

YOUR OCCUPATION _____

EMPLOYER _____

MARITAL STATUS(circle/highlight) : SINGLE DEFAC TO MARRIED SEPARATED DIVORCED

PARTNER'S NAME _____ DATE OF BIRTH _____

RELIGIOUS/SPIRITUAL AFFILIATION (if any) _____

Would you like spiritual interventions to be used in the sessions? (circle/highlight) YES NO

HAVE YOU HAD PREVIOUS COUNSELLING? (circle/highlight) YES NO

IF YES, WHAT FOR? _____

ARE YOU UNDER CURRENT MEDICAL TREATMENT? (circle/highlight) YES NO

IF YES, WHAT FOR? _____

ARE YOU TAKING ANY MEDICINES or DRUGS? (circle/highlight) YES NO

Names of Medications:

WHAT IS THE MAIN PROBLEM THAT BRINGS YOU HERE?

ANY OTHER INFORMATION OR COMMENT THAT YOU WOULD LIKE ME TO KNOW?
