



MINDFUL THERAPIES

Confidential Client Information

Welcome to Mindful Therapies. 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/State: _____ Zip/Postal Code: _____

Home phone: _____ Daytime number: _____

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 1st name: _____ Age: ____ Yrs in relationship: _____

Children (gender, age): _____

Please describe any significant current or past medical problems: _____



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Client Name _____

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.
