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ACOT Registration # 479

New Client information Page: Feel free to print and complete it to bring to your first session. Alternatively, come 5-10 mins early to session. If there are areas you are not sure about, go ahead and leave them aside for now.

Today's Date: _____

Ms, Mr, Miss, Dr. ____ & your Name: _____

Current Address: _____

City: _____ Postal Code: _____

Phone Numbers were you can be reached → Your main Phone Number: _____

May I leave a message at this phone number? ____ Add any special instructions about leaving a message and any alternate phone numbers: _____

Email, only if you are open to me using it to contact you (email has no guarantee of confidentiality): _____

Age: ____ Date of Birth: _____ Gender: ____ Status (Single, Married, Partner, CL, Divorced etc.): _____

Occupation: _____ Length of time at current occupation: _____

How did you hear about my services? _____

Have you ever received OT, counselling or psychotherapy - and for how long? _____

Do you have a current/alternate therapist? _____

Have you received services from **Alberta Health Services Mental Health Programs** in the last year? Yes __, No __.
If so, were you at **Day Hospital Program** at RGH in this past year? Yes __, No __. (My Conflict of Interest guidelines)

Other health care providers

Family Physician: _____ Psychiatrist: _____

Therapist: _____

*Emergency Contact Name: _____ *Emergency Contact Number: _____

Are you currently taking medications? Yes __, No __
If "yes", for how long and what kinds? _____

How satisfied are you with your current level of: (circle a number, please)

- 1) Self care (eating, sleeping, hygiene) Not satisfied 1-2-3-4-5-6-7-8-9-10 very satisfied
- 2) Productivity (job, daily duties) Not satisfied 1-2-3-4-5-6-7-8-9-10 very satisfied
- 3) Leisure (enjoyment, fun) Not satisfied 1-2-3-4-5-6-7-8-9-10 very satisfied

- Do you have a support person you can contact if you need emotional support between sessions? Yes __, No __
- Reason for today's visit?
- Hopes for meeting with me?