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## REGISTRATION FORM

Name: \_\_\_\_\_ Referred by: \_\_\_\_\_

Age: \_\_\_\_\_ DOB (m/d/y): \_\_\_\_\_ Today's Date: (m/d/y) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ May we send you email news bulletins? Yes  No

**Phone Number(s):**

**daytime** \_\_\_\_\_

**night time** \_\_\_\_\_

May we call you there?

Yes  No

Yes  No

May we leave messages there?

Yes  No

Yes  No

If NO, please indicate the best way to reach you: \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

Best way to reach this person: \_\_\_\_\_

1. Why are you seeking help at this time?

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2. Who else have you seen for this or similar reasons? When and for how long?

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3. Who are the people you live with and how are you related?

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4. Are you currently employed? Yes  No  Occupation: \_\_\_\_\_  
5. What jobs have you done most recently? \_\_\_\_\_

6. What is the highest level of school you have completed? \_\_\_\_\_  
7. Name, address and telephone number of your family physician: \_\_\_\_\_

5. When was your last physical checkup? \_\_\_\_\_ What were the results?

8. What medications are you taking at present and for what purpose?

**Medication**

**Purpose**

Medication	Purpose
_____	_____
_____	_____
_____	_____

7. List all of the serious injuries, illnesses or operations in your lifetime.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Have you ever had a loss of consciousness? \_\_\_\_\_ If so what happened? \_\_\_\_\_

9. What problems or changes in hearing or seeing have you had? \_\_\_\_\_

10. What is your current mood? \_\_\_\_\_

11. What is your usual mood, if different from above? \_\_\_\_\_

12. What sleep difficulties have you had in the last month? \_\_\_\_\_

13. What problems have you experienced with your energy level (either too much or too little) in the last month? \_\_\_\_\_

14. How has your appetite for food been recently? \_\_\_\_\_

15. What changes in body weight have you had in the last 6 months? \_\_\_\_\_

16. What difficulties have you had recently in thinking (e.g. with your memory, concentration or speech)?

17. What role does spirituality play in your life? \_\_\_\_\_

18. What do you like to do for fun? \_\_\_\_\_