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REGISTRATION FORM

Na	me:		Referred by:			
				y's Date: (m/d/y)		
Ad	dress:	City	y:	Postal Code:		
Email:		Phone: day		night		
ls t	here another way you would prefe	r to be contact	ed?			
Per	rson to notify in case of emergency	y:				
Bes	st way to reach this person:					
1.	Why are you seeking help at this	s time?				
2.	Who else have you seen for this	or similar reas	sons? When and fo	r how long?		
3.	Who are the people you live with	n and how are	you related?			
4.	Are you currently employed? Ye	es 🗆 No 🗆	What jobs are you	doing or have you done most recently?		
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5.	What is the highest level of scho	ool you have co	ompleted?			

6.	Name of your family physician:				
7.	When was your last physical checkup?	What were the results?			
8.	What medications are you taking at present and for what purpose?				
9.	Do you drink or use street drugs? Yes □ No □ If so	o, please describe			
10.	List all of the serious injuries, illnesses or operations in your lifetime.				
11.	Have you ever lost consciousness? Yes □ No □ If	so what happened?			
12.	What problems or changes have you had in your hearing	or seeing?			
13.	Describe your current mood				
14.	What is your usual mood, if different from above?				
15.	What sleep difficulties have you had in the last month?				
16.	What problems have you experienced with your energy le	evel (too much/too little) in the last month?			
17.	How has your appetite for food been recently?				
18.	What changes in body weight have you had in the last 6 months?				
19.	What difficulties have you had recently with your thinking (memory, concentration or speech)?				
20.	What role does spirituality play in your life?				
21.	What do you like to do for fun?				