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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: \_\_\_\_\_ Phone: day \_\_\_\_\_ night \_\_\_\_\_

Is there another way you would prefer to be contacted? \_\_\_\_\_

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  What jobs are you doing or have you done most recently?

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5. What is the highest level of school you have completed? \_\_\_\_\_

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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, 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 level (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? \_\_\_\_\_  
\_\_\_\_\_