



**Confidential Patient Information**

Welcome to Silver Linings Counseling. We want to make the most of every 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 fields as completely and legibly as possible. This information is confidential. If you have any concerns about the relevance of any information and wish to leave it out, please feel free to do so.

Your complete name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Education (grade completed, any post secondary): \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Person to alert in case of an emergency: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship Status (circle one): Single      Married      Partnered      Separated      Divorced      Widowed

Spouse/partner's first name: \_\_\_\_\_ Age: \_\_\_\_\_ Years in relationship: \_\_\_\_\_

Children (gender, age): \_\_\_\_\_

Please describe any significant current or past medical problems:

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Please list any medications you currently take. Include prescription and over-the-counter medications and the dosage of each: If you need more room please list more on back of page and draw arrow

Name of Medication	Dosage	Times per day	Reason for taking

Have you had previous psychological care or counseling?      Yes      No

If yes, please give the name of the clinicians(s), the months you were seen and the nature of the difficulty at the time:

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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: \_\_\_\_\_

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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.

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