



One Step Counselling

Peace is a journey of a thousand miles and it must be taken one step at a time

(604)366-0147 ✉ onestepcounselling@gmail.com 🌐 www.onestepcounselling.ca

Please provide the following information which will be kept on file. Other than contact information, leave blank any question you would rather not answer. Information provided is held to the same standards of confidentiality as our therapy.

Name: _____

Birth Date: ____/____/____ Age: _____ Gender: Male Female _____ (other)

Marital Status: _____ Number of Children: _____

Address: _____

Cell Phone? Yes or No (circle): () _____ Messages ok? Yes No Text re: appointments ok? Yes No

E-mail: _____ May I email you? Yes No (Email **may not be** confidential. I will only email business/appointment related info, nothing personal. Please use discretion using email.)

Family doctor: _____ Doctor's phone number: () _____

Next of kin/emergency contact: _____ Phone number: () _____

Relationship to you: _____

Are you receiving counselling elsewhere? Yes No - In the past? Yes No (Therapist's name _____)

Are you taking prescribed psychiatric medication (antidepressants or others)? Yes No

If Yes, please list: _____ (currently or previously?)

HEALTH AND SOCIAL INFORMATION

Please list any persistent physical symptoms or health concerns (e.g. chronic pain, headaches, hypertension, diabetes, etc.):

How many times per week do you exercise? _____ Approximately how long each time? _____

Do you regularly use alcohol? No Yes In a typical month, how often do you have 4+ drinks in a 24-hour period? _____

How often do you use recreational drugs? Daily Weekly Monthly Rarely Never

Are you currently in a romantic relationship? No Yes How long? _____ 1-10, rate the quality of the relationship? _____

Do you consider yourself to be religious? No Yes If yes, what is your faith? _____

If no, do you consider yourself to be spiritual? No Yes Faith you grew up with in your home? _____

OCCUPATIONAL INFORMATION:

Are you currently employed? No Yes - If yes, full-time, part-time? _____

If yes, are you happy at your current position? Yes No Please list any work-related stressors, if any:

In the last year, have you experienced any significant life changes or stressors:

FAMILY MENTAL HEALTH HISTORY:

Has anyone in your family (immediate family or relatives) experienced difficulties with the following? (check any that apply and list family member, e.g., Sibling, Parent, Uncle, etc.):

Depression: No Yes _____

Bipolar Disorder: No Yes _____

Anxiety Disorders: No Yes _____

Panic Attacks: No Yes _____

Schizophrenia: No Yes _____

Alcohol/Substance Abuse: No Yes _____

Suicide Attempts: No Yes _____

Completed suicide: No Yes _____

Do you have suicidal thoughts? Frequently Sometimes Rarely Never Have you ever attempted suicide: No Yes

OTHER INFORMATION:

What do you consider to be your strengths or what do you like most about yourself?

What are effective coping strategies that you've learned?

What has brought you to counselling?

What are your goals for therapy? _____

Anything important you would like to add? _____

MISSED APPOINTMENTS with LESS THAN 24 HOURS NOTICE are charged the full session fee, with the exception of extenuating circumstances.

How did you find me?

Google Psychology Today BCACC Website The Counselling Group City of Surrey signage

Other: _____ I was referred by: _____