blossom
COUNSELLING

Client Information Form

Client's Full Name: _____ Age _____
DOB: _____ Country of Birth: _____
Birth Sex: Gender Identity: _____

- ❑ **Male** **Pronouns: _____**
- ❑ **Female**
- ❑ **Intersex**

Contact Information:

- **Address: _____**
  _____ Postal Code: _____

- **Home Phone: _____ Can a message be left? yes no**
- **Work Phone: _____ Can a message be left? yes no**
- **Mobile Phone: _____ Can a message be left? yes no**

- **Email address: _____**

Medical Information:

- **Do you have any medical concerns? yes no**
  If "yes" please provide details / diagnosis: _____

- **Are you currently receiving any medication? yes no**

  If "yes" please indicate type of medication and dosage:

  1. **_____ Dose: _____**
  2. **_____ Dose: _____**
  3. **_____ Dose: _____**
  4. **_____ Dose: _____**
  5. **_____ Dose: _____**

- **Do you take medication as prescribed: yes no n/a**

- **Have your ever had a significant injury / head injury? yes no**
  If yes please provide details: _____
  _____

Family Background:

Select if you have been exposed to any of the following:

- ❑ **Divorce / Separation _____**
- ❑ **Marital discomfort _____**
- ❑ **Family violence _____**
- ❑ **Death of a parent _____**
- ❑ **Death of a relative or friend _____**
- ❑ **Unemployment _____**
- ❑ **Substance abuse in the family _____**
- ❑ **Serious illness in the family _____**
- ❑ **Traumatic event _____**
- ❑ **Other _____**

Select of there is a history in your immediate or in the mother or father's extended family:

- ❑ **Autism Spectrum Disorders** **If "Yes" who: _____**
- ❑ **Learning Disabilities** **If "Yes" who: _____**
- ❑ **ADHD or Attention Problems** **If "Yes" who: _____**
- ❑ **Depression or Bipolar Disorder** **If "Yes" who: _____**
- ❑ **Behaviour Problems in School** **If "Yes" who: _____**
- ❑ **Anxiety Disorders** **If "Yes" who: _____**
- ❑ **Psychosis / Schizophrenia** **If "Yes" who: _____**
- ❑ **Substance Abuse / Dependence** **If "Yes" who: _____**
- ❑ **Other _____** **If "Yes" who: _____**