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REFERRAL INFORMATION: (PLEASE PRINT)

How did you hear about my counselling services, or who referred you to me? _____

DEMOGRAPHICS:

Name: _____

Date of Birth: _____

Address: _____

City

Province

Postal Code

Phone No. _____ Cell No. _____ Can Messages be left? Yes _____ No _____

Email: _____

Emergency contact: Name _____ Relation to you: _____ Phone No. _____

Physicians Name: _____ Phone No. _____

Other health care professionals: _____ Phone No. _____

MENTAL HEALTH ISSUES:

Mental Health Diagnosis: _____ Diagnosed by Whom: _____

How long ago diagnosed: _____ How long have actually felt it: _____

Medications: _____ For what ailment: _____ How long on: _____

Prescribed by whom: _____

Medications: _____ For what ailment: _____ How long on: _____

Prescribed by whom: _____

MEDICAL HEALTH CONCERNS

HOSPITALIZATIONS

Past (dates) _____

Current (dates) _____

Do you currently use any drugs or alcohol? No _____ Yes _____ Is it a Problem? No _____ Yes _____

If yes, What How often The amount How long have you been using this

SOCIAL ENVIRONMENT:

Occupation: _____ For how long? _____

Are you in a significant relationship? No _____ Yes _____ If yes, for how long? _____

Do you have any children? What ages and are any at home with you _____

Do you have any pets where you live? _____

Do you currently live with someone? _____ If yes, with whom? _____

Any Recent changes in your life? _____

What strengths and skills do you have to help you through life stressors?

Internally (in yourself – e.g. prayer-meditation) _____

Externally (family, friends, your environment or culture) _____