



Pre Counselling Questionnaire:

Please complete this questionnaire as thoroughly as you can and bring it with you to your first appointment.

Date:

Name:

Date of Birth:

Age:

Marital Status:

Spouse's name (if applicable):

Children's name(s) (if applicable) and age(s):

Physician's name and phone number:

CONTACT INFORMATION

Address:

Telephone:

Home: () _____

Is it ok to contact you at this number and leave a message ()

Alternate number (cell/work): () _____

Is it ok to contact you at this number and leave a message ()

Email address (optional): _____

EMERGENCY CONTACT PERSON:

Name:

Phone number: () _____

Is it ok to contact this number and leave a message ()

How did you hear about this counselling service?

Questions to think about before we meet:

1) What is the concern or problem that has brought you to counselling?

2) How is this concern or problem impacting your life?

At home:

At work:

In your relationships:

Physically or emotionally:

3) What are your hopes and wishes for resolving this concern or problem?

4) People usually try many things to solve the problems in their lives. What things have you tried in order to resolve the concern(s) you bring to counselling?

5) What activities do you enjoy doing?

6) Is there anything else you think would be important for me to know before we begin working together?

**Thank you for taking the time to work through these questions.
I look forward to meeting with you,**

Lisa