discover - adapt - grow

découvrir - adapter - développer

Resilience

Psychological Services Psychologiques

CONTACT INFORMATION SHEET

NAME: _____ DATE: _____

ADDRESS: _____

_____

PHONE: (home or cell) _____ (okay to leave message?) Yes___ No ___

E-MAIL: _____

PREFERRED METHOD OF CONTACT? phone____ e-mail ____ letter____

DO YOU HAVE HEALTH INSURANCE? No___ Yes___
NAME OF INSURANCE _____

HOW DID YOU HEAR ABOUT US? _____

BIRTHDATE: _____ BIRTH PLACE: _____

SPOKEN LANGUAGES: English___ French___

EDUCATION/TRAINING: _____

OCCUPATION: _____

RELATIONSHIP STATUS: _____

PARTNER'S NAME (if applicable): _____

CHILDREN'S NAMES AND AGES (if applicable): _____

PHYSICIAN NAME AND PHONE #: _____

HEALTH CONCERNS: _____

MEDICATIONS: _____

CONCERNS: In you own words, what is the nature of the concern that you wish to address in therapy? Feel free to give as little or as much detail as you wish.

GOALS: Imagine yourself six months from now after completing several sessions of therapy. Also imagine that you have been able to improve your situation by starting to deal with the concern you named above. What would you consider to be a sign of improvement and a hint of success?

IS THERE ANYTHING ELSE YOU WOULD LIKE TO DISCUSS DURING YOUR FIRST SESSION? PLEASE BE AS LONG OR AS BRIEF AS YOU LIKE!