

Riverbend Counselling Group ~ A Stream in Dry Places ~

Please complete this form. This information will help your counsellor understand you and your situation.
All information is confidential. ...PLEASE PRINT

Name: _____	<u>Spouse, Partner or Parent:</u>
Address: _____	Name: _____
City: _____ Postal: _____	Address: _____
Phone (res): _____	City: _____ Postal: _____
(other): _____	Phone (res): _____ (work): _____
Birth date: _____	(cell): _____ Birth date: _____
E-mail: _____	E-mail: _____

Personal Status: (# of years)

Single _____	Common Law _____
Married _____	Separated _____
Divorced _____	Widowed _____

Children:

Name	Grade/Age	At home?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health

Please describe medical or hospital treatment in the last 12 months? _____

Are you taking any medication now? _____ If yes, what? _____

Have you ever seen a counsellor or social/justice agency? _____ If yes, please list:

(With Whom, When & Reason)

Name of person and/or organization that referred you? _____

Religious Background: _____

What type of concern brought you here? _____

Please read the Client Notice on the opposite side, and then sign.

