



**True-North Community Counselling** *est. 2015*  
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## **Registration & Confidential Information Form**

Please fill out this information form as carefully and as thoroughly as possible. This information will be used confidentially by your counsellor to assist you.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Mailing Address: (same) \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

### **Personal Data:**

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Email Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Gender: Male ☐ Female ☐ Other \_\_\_\_\_

Marital Status: \_\_\_\_\_ Years Married/Living Together: \_\_\_\_\_

Years/Months Separated or Divorced: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Parents Marital Situation During Childhood: \_\_\_\_\_ Currently: \_\_\_\_\_

INSURANCE: Company \_\_\_\_\_ Company/Client's Policy Number \_\_\_\_\_

### **Partner's Data:**

If married, what is your partner's name? \_\_\_\_\_

If single, do you have (s) significant relationship(s)? Yes ☐ No ☐ Living with: Yes ☐ No ☐

Significance: (circle) boyfriend, girlfriend, roommate, other \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Email Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Gender: Male ☐ Female ☐ Other \_\_\_\_\_

Parents Marital Situation During Childhood: \_\_\_\_\_ Currently: \_\_\_\_\_

INSURANCE: Company \_\_\_\_\_ Company/Client's Policy Number \_\_\_\_\_

### **Occupations**

Employer: \_\_\_\_\_ Salary: Mthly ☐ Yrly ☐ \$ \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Work Type: \_\_\_\_\_

Their Work is: (circle) Challenging Routine Necessary to make money Boring Miserable

(Future) Partner's Employer: \_\_\_\_\_ Salary: Mthly ☐ Yrly ☐ \$ \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Work Type: \_\_\_\_\_

Their Work is: (circle) Challenging      Routine      Necessary to make money      Boring      Miserable

**Education:**

**Grade Completed:** (circle) 1 2 3 4 5 6 7 8 9 10 11 12      Diploma: Yes ☐ No ☐

**Business or Technical Course of Study(s):** \_\_\_\_\_

Name of School(s): \_\_\_\_\_ Diploma: Yes ☐ No ☐

**College Degree(s):** \_\_\_\_\_

Name of College(s): \_\_\_\_\_ Diploma: Yes ☐ No ☐

**Graduate School Degree(s):** \_\_\_\_\_

Name of School(s): \_\_\_\_\_ Diploma: Yes ☐ No ☐

**Further Study Plans:** \_\_\_\_\_

**Physical and Emotional Data:**

List any present illnesses, symptoms, including allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any minor surgery, any serious crises, losses, or handicaps: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has there been any changes in your sleeping habits lately? \_\_\_\_\_

How long does it take for you to fall asleep? \_\_\_\_\_

What is your sleep like? \_\_\_\_\_

When do you wake up? \_\_\_\_\_

Has there been any changes in your eating habits lately?: \_\_\_\_\_

Anything about your eating habits that are of concern for you? \_\_\_\_\_

Have you lost or gained weight recently? \_\_\_\_\_

Do you indulge in any mood-altering substance(s)? \_\_\_\_\_

\_\_\_\_\_

Last Medical Check-up: \_\_\_\_\_ Reason: \_\_\_\_\_

Are taking medication(s) now? Yes ☐ No ☐ What? Dosage? \_\_\_\_\_

Name and city of physician (optional): \_\_\_\_\_

Have you ever had a nervous break-down or emotional problem? Yes ☐ No ☐

When? \_\_\_\_\_ How long were you ill? \_\_\_\_\_

Have you ever received psychotherapy, counselling, or other treatment for personal and/or marital problems?

Yes ☐ No ☐ If yes, give dates: \_\_\_\_\_

What issues did you look at? \_\_\_\_\_

Name of professional (Counsellor, Doctor, Agency, Pastor, etc.) \_\_\_\_\_

Address/Telephone Number: \_\_\_\_\_

### **Family Data:**

|                | <u>Sex:</u> | <u>Gender:</u> | <u>Age:</u> | <u>Living with you:</u> |
|----------------|-------------|----------------|-------------|-------------------------|
| Child 1: _____ | _____       | _____          | _____       | _____                   |
| Child 2: _____ | _____       | _____          | _____       | _____                   |
| Child 3: _____ | _____       | _____          | _____       | _____                   |
| Child 4: _____ | _____       | _____          | _____       | _____                   |

Previous Marriage? Yes ☐ No ☐ How many? \_\_\_\_\_ When? \_\_\_\_\_

Describe your marriage: (circle) Very happy      Happy      Average      Unhappy      Very unhappy

Brother/Sisters: Number: \_\_\_\_\_ From same parents? \_\_\_\_\_

Name: \_\_\_\_\_ Married? \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Married? \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Married? \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Married? \_\_\_\_\_ Age: \_\_\_\_\_

**Important Questions for You and Your Counsellor:**

1. Please Describe your reason(s) for seeking help: \_\_\_\_\_

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2. Who is aware of your problem(s)? \_\_\_\_\_

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3. What would you like to have happen for you as a result of life-coaching/counselling? \_\_\_\_\_

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4. Please complete: My greatest fear is... \_\_\_\_\_

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5. Please complete: My greatest hope is... \_\_\_\_\_

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6. Describe your life in general: (circle)

Very happy                  Happy                  Average                  Unhappy                  Very unhappy

Remarks: \_\_\_\_\_

Describe your life as a child:

Very happy                  Happy                  Average                  Unhappy                  Very unhappy

Remarks: \_\_\_\_\_

Describe your life as a teenager:

Very happy                  Happy                  Average                  Unhappy                  Very unhappy

Remarks: \_\_\_\_\_

Describe your life in the past six months:

Very happy                  Happy                  Average                  Unhappy                  Very unhappy

Remarks: \_\_\_\_\_

**Spirituality:**

Do you consider yourself to have a philosophy or faith? Yes ☐ No ☐

If yes: Spiritual Background: \_\_\_\_\_

Religious Preference(s)? \_\_\_\_\_

Are you a member of a supportive-group/church? \_\_\_\_\_

**Please Complete:** To me, The Divine is \_\_\_\_\_

How do you think The Divine feels about you? \_\_\_\_\_

How do you feel this has been evidenced to you? \_\_\_\_\_

\_\_\_\_\_

Has there been a noticeable or significant change in your spiritual life recently? Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Counselling Therapist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name