

Mindful Living

Marian Smith, MA, RCC

CONFIDENTIAL GENERAL INFORMATION

Name: _____ Date: _____
Add:: _____ DOB _____
E-mail: _____ Mobile _____
Tel (H) _____ (W) _____

Instructions for telephone messages to your home, work or mobile number:
No messg _____ Name & number only _____ Full messg _____ (ie change of appt time)
Other instructions: _____

Occupation _____ How long _____

Dr. _____ Dr tel: _____
Current medications, dosage & purpose _____

Emergency contact name: _____ rel: _____
Tel (H) _____ (W) _____

Previous counsellor(s) _____
When _____ What, if anything, was helpful? _____

Not helpful? _____

Referred by _____ or saw ad at _____
Marian Smith has my permission to inform the referring party that the referral was made, as
per the request: Yes No

What brings you in for counselling at this time? _____

What are your hopes? _____

How long do you think you will require counselling to help you? _____

Are there any immediate challenges that we should deal with as soon as possible?

Is there anything else you would like to add? _____

I am aware that I need to give 48 hours notice to cancel an appt or I will be charged for
that time. Please initial _____ Thank you.

Client Signature: _____ Date: _____