Anam Cara Counselling

976 2nd Avenue West, Owen Sound, Ontario N4K 4M7

Client Information Form

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Gender: Male ☐ Female ☐ Other (Describe): ☐ _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Occupation: _____

Status Card Number for NIHB: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Preferred Contact Method: Home ☐ Cell ☐ Work ☐ Text ☐ Email ☐

Can we leave a message on your phone if you are not available? _____

PRIMARY PHYSICIAN

Name: _____ Phone #: _____

Date of Last Visit: _____

Address: _____ City: _____ Province: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Client: _____

Address: _____ City: _____

Home #: _____ Cell #: _____ Work #: _____

***IF CHILD OR TEEN (under 16 years of age)**

Legal Guardian Name: _____

Relationship to Client: Parent ☐ other (Please specify) ☐ _____

Address: _____ City: _____ Province: _____

Home #: _____Cell #: _____ Work #: _____

REFERRAL INFORMATION

Who referred you to us? _____

What are your immediate concerns or pressing matters?:

What is missing, lacking or unfulfilled?:

What issues, problems, frustrations are you faced with?:

In what ways do you feel challenged or blocked?

What, if anything, has helped you?:

What do you hope to get from our work together?: