



Client Information Form

Jody Francis
MSW, RSW # 13265

General Information

Name: _____

Pronoun (he/she/they/ etc.): _____ Age: _____

Address: _____

Phone: _____

E-mail: _____

Would you like appointment reminders? Yes No

What is your preferred method of communication?

Text Phone Email

Quiet Healing Counselling and Yoga uses your email for invoicing and receipt purposes. The emails and/or phone contact may include information identifying as Quiet Healing Counselling & Yoga in those communications.

Additional Information

Emergency Contact Name: _____

Emergency Contact Phone: _____

Have you ever been to counselling/therapy before? _____

What medication (if any) are you currently taking? _____

Are you currently under the care of a Psychiatrist or other health professional? If so, who? _____



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How did you learn about Quiet Healing Counselling & Yoga? _____

Please circle any specific concerns that apply?

- Abuse in childhood
- Abuse as an adult
- Aggressive behavior
- Anxiety/panic
- Assault
- Decision making
- Depression
- Addiction
- Eating/body image
- Employment concerns
- Family
- Financial concerns
- Gender Identity
- Identity
- Loss/grief
- Early pregnancy loss or abortion
- Obsession/compulsion
- Perfectionism
- Relationship break up
- Relationship issues/concerns
- Self confidence
- Self-harm behaviours
- Sexual concerns
- Sexual orientation
- Sleep
- Social isolation/social anxiety
- Stress
- Suicidal thoughts
- Traumatic events
- Worry for someone else

Which are of most concern today? _____

Is there any information you feel it would be helpful for me to know? _____

