**General Information**

|  |  |  |
| --- | --- | --- |
| Name: | Pronoun (they/she/he etc.): | Age: |

|  |
| --- |
| Address: |
| Main Phone: |
| Email: |
| Would you like appointment reminders?  Yes No |
| What is your preferred method of communication?  Text  Email  Phone |
| 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 and email and text are vulnerable to security breaches. |

|  |
| --- |
| Emergency Contact: |
| Phone: |

**Direct Billing Information**

Please include the following information if you would like Direct Billing through Alberta Blue Cross or ASEBP. A receipt will be issued for you to submit for all other third-party billing options

|  |  |
| --- | --- |
| Provider name: | Policy Number: |
| Group Number: | Date of Birth (YR-M-D): |

**Personal Information**

Have you ever been to counselling/therapy before? If so, who did you see?

What medication (if any) are you currently taking?

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

How did you learn about Quiet Healing Counselling & Yoga?

Please check any specific concerns that apply?

Abuse in childhood

Abuse as an adult

Assault

Sexualized violence

Systemic abuse or harassment

Aggressive behavior

Anxiety/panic

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?