



Client Registration Information

Name:		Date of Birth:	
Home Address:		Mailing Address (if different):	
Mobile Phone:	Home Phone:	Work Phone:	
Contact preference:	<input type="checkbox"/> Mobile Phone	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone
	<input type="checkbox"/> Email	Email Address:	
Reason for visit:			
Primary Care Physician:		Referring Physician:	
Payment Method:	<input type="checkbox"/> Cash	<input type="checkbox"/> e-transfer	<input type="checkbox"/> Credit Card
Insurance Coverage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, name of Insurer:

Emergency Contacts

Name:		Phone:			
Relationship:	<input type="checkbox"/> Self	<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Family Member	<input type="checkbox"/> Other
Home Address:		City:			
Mobile Phone:	Home Phone:	Work Phone:			

Name:		Phone:			
Relationship:	<input type="checkbox"/> Self	<input type="checkbox"/> Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Family Member	<input type="checkbox"/> Other
Home Address:		City:			
Mobile Phone:	Home Phone:	Work Phone:			

Questions

Would you mind sharing with me, what you are hoping to achieve through our short-term, solution-focused counselling?

Have you received a diagnosis for anxiety, depression, PTSD, etc.? Yes No

If yes –

Are you currently working with a psychiatrist, if so, please state their name:

Are you seeking services through any other agencies/programs at this time? Yes No

May I ask if there was something that influenced your decision to reach out today?

Prior to booking your first session, is there any significant background information that would be helpful for us to know? (history of counselling in the past, therapeutic matching needs, medications, accessibility, cultural needs)

How are you coping right now?

To improve the way we deliver services, Freedom Counselling Centre is asking some information about you. This information will help us know if there are groups in Windsor-Essex that aren't accessing our services. You don't have to answer these questions if you don't want to. By answering, you will help us improve access to all people in our community. Answering or not answering will not affect your service in any way.

Would you mind sharing your gender?

Are you Indigenous?

We are trying to understand whether our services are reaching people from diverse ethnic or racial groups. Is there a specific ethnic or racial group that you identify with, and would you mind sharing your ethnicity?

What is your preferred language?