

## Part 1: Client Information

Tell us a little bit about you, or the person who will be attending counselling. All fields are required unless noted.

<input type="checkbox"/> I am registering for counselling on behalf of someone else, and I have permission to do so	<i>If you are completing this form on behalf of someone else who will be receiving counselling, you will be asked to provide your contact information in Part 3.</i>
First Name: _____	Email Address: _____
Last Name: _____	<input type="checkbox"/> Yes, I would like to receive emails from Calgary Counselling Centre/Counselling Alberta. Your email address will only be used to contact you about your appointments and for information about Counselling Alberta programs.
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Home Phone: _____
Address: _____	Work Phone: _____
City: _____	Cell Phone: _____
Province: _____ Postal Code: _____	<input type="checkbox"/> Email <input type="checkbox"/> Home Phone
Occupation: _____	Preferred Contact Method: <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone
Date of Birth: _____	<b>Discreet Messages</b>
(Month–Day–Year)	Our phone number does not show up in caller ID. We can also leave voicemail messages without identifying ourselves for your privacy and confidentiality.
Treaty Status: <input type="checkbox"/> Yes, I have treaty status.	<input type="checkbox"/> Please do <b>not</b> identify as Counselling Alberta when leaving a voicemail.
Band name: _____ Treaty number: _____	
Veteran Status: <input type="checkbox"/> Yes, I am a veteran.	

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Previous Counselling Experience:	If yes, did Calgary Counselling Centre or Counselling Alberta provide this counselling?
<input type="checkbox"/> I have previously received counselling	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Emergency Contact Name: _____	Emergency Contact Phone Number: _____
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## Part 2: Reasons for Counselling

What is bringing you in for counselling?

\_\_\_\_\_

\_\_\_\_\_

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Do you have any preferences for a counsellor? (optional)

Age, gender, etc.; we will do our best to accommodate preferences based on our counselling staff.

How long has this been a problem?  1–6 months  6–12 months  1–2 years  2–3 years  
 3–4 years  4–5 years  5+ years

Has this situation been getting worse?

I am interested in counselling for:  Myself  My partner and I  My child/children  My family  
My preference for counselling is:  In-person  Online  
My availability for counselling is:  Anytime  Days  Evenings  Saturdays

**Who referred you?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Access Mental Health   | <input type="checkbox"/> Client outreach       | <input type="checkbox"/> Colleague         |
| <input type="checkbox"/> Distress Centre        | <input type="checkbox"/> Doctor                | <input type="checkbox"/> Employer          |
| <input type="checkbox"/> Existing client        | <input type="checkbox"/> External professional | <input type="checkbox"/> Family court      |
| <input type="checkbox"/> Family/friend          | <input type="checkbox"/> Lawyer                | <input type="checkbox"/> Lifemark          |
| <input type="checkbox"/> Millard Health         | <input type="checkbox"/> Primary Care Network  | <input type="checkbox"/> Probation         |
| <input type="checkbox"/> School/teacher         | <input type="checkbox"/> Self                  | <input type="checkbox"/> Sheldon M. Chumir |
| <input type="checkbox"/> Victim assistance unit | <input type="checkbox"/> WCB                   | <input type="checkbox"/> Word of mouth     |

**Part 3: Family & Household**

This information helps us match you with a counsellor that best fits your needs.

- |                             |                                     |                                    |                           |   |   |
|-----------------------------|-------------------------------------|------------------------------------|---------------------------|---|---|
| <b>Relationship Status:</b> | <input type="checkbox"/> Single     | <input type="checkbox"/> Married   | <b>Employment Status:</b> | <input type="checkbox"/> Full-time                      | <input type="checkbox"/> Part-time                          |
|                             | <input type="checkbox"/> Common law | <input type="checkbox"/> Partners  |                           | <input type="checkbox"/> Casual                         | <input type="checkbox"/> Retired                            |
|                             | <input type="checkbox"/> Engaged    | <input type="checkbox"/> Separated |                           | <input type="checkbox"/> On disability leave            | <input type="checkbox"/> Full-time student                  |
|                             | <input type="checkbox"/> Divorced   | <input type="checkbox"/> Widowed   |                           | <input type="checkbox"/> Not employed, looking for work | <input type="checkbox"/> Not employed, not looking for work |
|                             | <input type="checkbox"/> Don't know |                                    |                           | <input type="checkbox"/> Other: _____                   |   |

**Annual household income:**

- \_\_\_\_\_
- My income is from AISH or Alberta Works

The session fees are based on your household income and ability to pay. Nobody is turned away based on their ability to pay. If you are on AISH or Alberta Works, please include that income. Please give your best estimate.

Please add up the incomes of all adults contributing to your household income.

**People attending counselling**

Please list people who may participate in counselling below. If you are completing this form on behalf of someone else who will be receiving counselling, please include your information below.

<p><b>First Name:</b> _____</p> <p><b>Their relationship to you:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Child</td> <td><input type="checkbox"/> Adult child</td> </tr> <tr> <td><input type="checkbox"/> Sibling</td> <td><input type="checkbox"/> Parent</td> </tr> <tr> <td><input type="checkbox"/> Spouse/partner</td> <td><input type="checkbox"/> Step-parent</td> </tr> <tr> <td><input type="checkbox"/> Former partner</td> <td><input type="checkbox"/> Grandparent</td> </tr> <tr> <td><input type="checkbox"/> Aunt</td> <td><input type="checkbox"/> Uncle</td> </tr> <tr> <td><input type="checkbox"/> Cousin</td> <td><input type="checkbox"/> Friend</td> </tr> <tr> <td><input type="checkbox"/> Roommate</td> <td></td> </tr> </table> <p><b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p><b>Address:</b> <input type="checkbox"/> Their address is the same as my address</p> <p><b>City, Province:</b> _____</p> <p><b>Postal Code:</b> _____</p>	<input type="checkbox"/> Child	<input type="checkbox"/> Adult child	<input type="checkbox"/> Sibling	<input type="checkbox"/> Parent	<input type="checkbox"/> Spouse/partner	<input type="checkbox"/> Step-parent	<input type="checkbox"/> Former partner	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Cousin	<input type="checkbox"/> Friend	<input type="checkbox"/> Roommate		<p><b>Last Name:</b> _____</p> <p><b>Email Address:</b> _____</p> <p><b>Phone Number:</b> _____</p> <p><b>Phone Type:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p> <p><b>Preferred Contact Method:</b> <input type="checkbox"/> Email <input type="checkbox"/> Phone</p> <p><b>Discreet Messages</b> Our phone number does not show up in caller ID. We can also leave voicemail messages without identifying ourselves for your privacy and confidentiality. <input type="checkbox"/> Please do <b>not</b> identify as Counselling Alberta when leaving a voicemail.</p> <p><b>Date of Birth:</b> _____ (Month–Day–Year)</p> <p><b>Notes:</b></p>
<input type="checkbox"/> Child	<input type="checkbox"/> Adult child														
<input type="checkbox"/> Sibling	<input type="checkbox"/> Parent														
<input type="checkbox"/> Spouse/partner	<input type="checkbox"/> Step-parent														
<input type="checkbox"/> Former partner	<input type="checkbox"/> Grandparent														
<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle														
<input type="checkbox"/> Cousin	<input type="checkbox"/> Friend														
<input type="checkbox"/> Roommate															

<b>First Name:</b>	_____		<b>Last Name:</b>	_____		
<b>Their relationship to you:</b>	<input type="checkbox"/> Child	<input type="checkbox"/> Adult child	<b>Email Address:</b>	_____		
	<input type="checkbox"/> Sibling	<input type="checkbox"/> Parent	<b>Phone Number:</b>	_____		
	<input type="checkbox"/> Spouse/partner	<input type="checkbox"/> Step-parent	<b>Phone Type:</b>	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
	<input type="checkbox"/> Former partner	<input type="checkbox"/> Grandparent	<b>Preferred Contact Method:</b>	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	
	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<b>Discreet Messages</b>	Our phone number does not show up in caller ID. We can also leave voicemail messages without identifying ourselves for your privacy and confidentiality.		
	<input type="checkbox"/> Cousin	<input type="checkbox"/> Friend	<input type="checkbox"/> Please do <b>not</b> identify as Counselling Alberta when leaving a voicemail.			
	<input type="checkbox"/> Roommate					
	<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	<b>Date of Birth:</b>	_____
<b>Address:</b>	<input type="checkbox"/> Their address is the same as my address		(Month–Day–Year)			
<b>City, Province:</b>	_____					
<b>Postal Code:</b>	_____					
<b>Notes:</b>						

If additional people will be attending counselling, please attach additional pages as needed with the same information as above.

### Part 4: Counselling Questionnaire

The following questions are asked to everyone, and may or may not apply to you.

**Is English your first language? (optional)**

- Yes  No

Our language offerings vary depending on our staffing. We do our best to accommodate specific requests.

**What languages do you speak at home? (optional)**

- |                                     |                                     |                                     |                                    |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> English    | <input type="checkbox"/> French     | <input type="checkbox"/> Afrikaans  | <input type="checkbox"/> Arabic    |
| <input type="checkbox"/> Chinese    | <input type="checkbox"/> Czech      | <input type="checkbox"/> Dutch      | <input type="checkbox"/> Filipino  |
| <input type="checkbox"/> German     | <input type="checkbox"/> Greek      | <input type="checkbox"/> Hebrew     | <input type="checkbox"/> Hungarian |
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> Italian    | <input type="checkbox"/> Japanese   | <input type="checkbox"/> Korean    |
| <input type="checkbox"/> Lebanese   | <input type="checkbox"/> Polish     | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Punjabi   |
| <input type="checkbox"/> Russian    | <input type="checkbox"/> Spanish    | <input type="checkbox"/> Tagalog    | <input type="checkbox"/> Thai      |
| <input type="checkbox"/> Ukrainian  | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other:     | _____                              |

**Are you or any family member coming for counselling currently in treatment for any medical problem, including taking medication of any type?**

- Yes  No

Prescription medications can sometimes affect one’s mental health. This can be important for your counsellor to know about. Brand names are not necessary.

**Please explain:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there a concern about the use of any of the following?

- Alcohol                       Prescription drugs                       Non-prescription drugs                       Gambling

Please explain:

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Is there a concern about violence? Either towards you or from you?

- Yes                                       No

Is there a concern about suicide?

- Yes                                       No

Rate concern for violence on a scale of 1–10

1   2   3   4   5   6   7   8   9   10

Rate concern for suicide on a scale of 1–10

1   2   3   4   5   6   7   8   9   10

Is there any additional information you would like to give us? (optional)

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## Part 5: Final Information

We use this **optional** information to evaluate and improve our programs, and to improve the services we provide you. We appreciate you taking the time to complete this section.

**How did you find out about us?**

- 211                                       Billboards
- Bus ad                                       Employee assistance program
- Facebook                                       Family physician
- Internet search                                       LinkedIn
- Newspaper ad                                       News/magazine article
- Poster/brochure                                       Probation
- School                                       TV or radio ad
- TV or radio show                                       Twitter
- Word of mouth                                       Yellow Pages
- Other: \_\_\_\_\_

**Why did you choose us?**

- Cost of service                                       Counsellors I can relate to
- Easy to access                                       Flexibility of time schedule
- Friendliness of call centre staff                                       Hours of service
- Insurance                                       Lack of waiting period
- Language of service                                       Location
- Online reviews                                       Previous contact
- Reputation                                       Website
- Other: \_\_\_\_\_

**Including yourself, how many people live in your household?**

Adults: \_\_\_\_\_ Children: \_\_\_\_\_

**Are you paying more than 25% of your take home pay for rent or mortgage payments?**

- Yes                                       No                                       Prefer not to say

**What is your ethnic background?**

- |   |  |
|---|--|
| <input type="checkbox"/> African/Caribbean  | <input type="checkbox"/> Arab/Middle-Eastern |
| <input type="checkbox"/> Caucasian/European | <input type="checkbox"/> Chinese             |
| <input type="checkbox"/> Filipino           | <input type="checkbox"/> First Nations       |
| <input type="checkbox"/> Inuit              | <input type="checkbox"/> Japanese            |
| <input type="checkbox"/> Korean             | <input type="checkbox"/> Latin American      |
| <input type="checkbox"/> Métis              | <input type="checkbox"/> South Asian         |
| <input type="checkbox"/> Southeast Asian    | <input type="checkbox"/> West Asian          |
| <input type="checkbox"/> Other: _____       |  |

**Highest level of education:**

- Some high school or less
- High school graduate
- Some college or technical school
- College or technical school graduate
- Some university
- University undergraduate degree
- Post-graduate degree/Masters/PhD
- Prefer not to say

**Were you born in Canada?**

- Yes                       No

**Would you consider yourself a visible minority?**

- Yes                       No

**Would you consider yourself any of the following?**

- |  |   |
|--|---|
| <input type="checkbox"/> Able bodied                     | <input type="checkbox"/> Person with mental disability              |
| <input type="checkbox"/> Person with physical disability | <input type="checkbox"/> Person with mental and physical disability |

Please email this form to [contact.intake@calgarycounselling.com](mailto:contact.intake@calgarycounselling.com) or fax it to 403.265.8886

Shortly after this form is received, we'll contact you to set up an appointment with one of our counsellors