

Resolve Wellness Psychology

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Confidential Client Information

Welcome and thank you for choosing Resolve Wellness Psychology. I look forward to learning about you, your current concerns, and your goals for therapy. Providing some basic information in advance of our first session can help in making most of our time together. Please fill out this confidential personal information form as completely as possible.

Name: _____ Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Numbers		Can I leave messages for you at this number?	
Home:		Yes	No
Work/Daytime:		Yes	No
Cell:		Yes	No

Email: _____

Can I email you at the above address? Yes _____ No _____

Date of Birth: _____ Age: _____

Birthplace: _____ Ethnicity: _____

Relationship Status (please indicate):

Single ___ Married ___ Partnered ___ Separated ___ Divorced ___ Widowed ___

Education Level _____

Occupation _____

Person to contact in event of medical emergency: _____

Relationship to you: _____ Phone: _____

Family Doctor: _____ Phone: _____

Psychiatrist: _____ Phone: _____

CONFIDENTIAL BACKGROUND INFORMATION

In your own words, what is the nature of the concern that you wish to address in therapy? Feel free to describe this in as much or as little detail as you wish. Use additional paper if necessary.

What are your goals for therapy?

Please describe any significant current or past medical problems:

Are you taking any medications currently?

Medication	Amount	Frequency	Purpose

Have you ever been hospitalized for a psychological difficulty? Yes _____ No _____

If yes, please give the dates and the nature of the difficulty at that time:

Have you ever been involved in Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or other addictions rehabilitation programs? Yes _____ No _____

If yes, please give the program name and dates of attendance:

Have you had previous psychological care or counseling? Yes _____ No _____

If yes, please indicate name of clinician(s), the dates (months and year) you saw them, and the nature of difficulty at that time:

Do you have insurance or employee assistance coverage? Yes _____ No _____

If yes, you are encouraged to determine the number of sessions covered or the maximum payable per year, and the method of reimbursement. It is best to do this prior to your first appointment.