About you

|  |  |
| --- | --- |
| Full Name: | Phone Number: |
| Email: | Sask Health Number: |
| Birthdate: | Address: |
| Emergency Contact Name: | Emergency Contact Number: |

(Your emergency person will be contact before the first appointment to confirm their position in your life)

|  |
| --- |
| Tell me about yourself: What your occupation is, Basic Family Tree, anything you would like me to know. |
|  |

|  |
| --- |
| What brings you to Elevate Counselling & Therapy? |

[ ] Depression [ ] Anxiety [ ] Personality Disorders [ ] eating disorders

[ ] Grief [ ] Sexual Assault [ ] Relationship Concerns [ ] OCD

[ ] Life Stressors [ ] Residential/Day School Survivor [ ] Substance Use

[ ] Other (Please Explain):