About you

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| 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)

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