



THOMPSON & WHIFFEN  
PSYCHOLOGISTS

Suite 20 – 285 17<sup>th</sup> Street, West Vancouver, BC V7V 3S6  
Dr Janice Thompson 604.838.2290  
Dr Valerie Whiffen 604.785.5482

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Month/Day/Year

Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Mailing address \_\_\_\_\_

At which of the above numbers may I leave telephone messages for you? \_\_\_\_\_

Occupation \_\_\_\_\_ Cultural background \_\_\_\_\_

Who referred you to me? \_\_\_\_\_

If you were referred by another professional (e.g., physician, psychologist, counselor, massage therapist, etc.), do I have your permission to inform that person of your attendance at this session? YES NO

Are you currently involved in or do you anticipate being involved in any form of litigation? YES NO

Are you willing to receive a follow-up phone call within 1 year of ending therapy with me? YES NO

Physician's name and telephone number \_\_\_\_\_

Current Medications:

Medication/dosage	Treatment for
_____	_____
_____	_____
_____	_____

Previous or Current Individual or Couple Therapy (with a psychologist, counselor, social worker, or psychiatrist):

Therapist: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Treatment for: \_\_\_\_\_

When: \_\_\_\_\_

Experience of treatment: \_\_\_\_\_

Surgeries, injuries, major illnesses or other health conditions  
\_\_\_\_\_

Current relationship status (Circle one.): Common-law Married Engaged Dating

When did you meet your partner? \_\_\_\_\_

When did you begin dating your partner? \_\_\_\_\_

When did you and your partner move in together? \_\_\_\_\_

If you are married, in what year were you married? \_\_\_\_\_ Is this your first marriage? YES NO

If you have children or stepchildren, please list their first names, ages, and month/year of birth:

What concerns bring you to couple therapy at this time?

\_\_\_\_\_

For how long have you been experiencing the concerns that bring you to therapy now?

\_\_\_\_\_

What are the best things about your relationship and your partner?

\_\_\_\_\_

Have you ever been depressed?

\_\_\_\_\_

Are you currently depressed?

\_\_\_\_\_

What are you hoping to get out of couple therapy?

\_\_\_\_\_

On a scale of 1 to 10, with 10 meaning things are going well in your relationship and 1 meaning that things are going very badly in your relationship, where would you rate your relationship today (circle one)?

1 2 3 4 5 6 7 8 9 10

Signature \_\_\_\_\_ Date \_\_\_\_\_