



THOMPSON & WHIFFEN  
PSYCHOLOGISTS

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Dr Janice Thompson 604.838.2290  
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Name \_\_\_\_\_

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

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

Home address \_\_\_\_\_

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

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

Current relationship status \_\_\_\_\_

Who lives in your home with you? \_\_\_\_\_

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?

Circle one: YES NO

Are you currently involved in or do you anticipate being involved in any form of litigation?

Circle one: YES NO

Are you willing to receive a follow-up telephone call within 1 year of the termination of your therapy with me? Circle one: YES NO

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

Current Medications:

Medication/dosage

Treatment for

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Therapist: \_\_\_\_\_

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

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

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

Surgeries, injuries, major illnesses or other health conditions

\_\_\_\_\_

What concerns bring you to therapy now?

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

What have you tried as ways of addressing your concerns so far?

\_\_\_\_\_

Are you currently thinking about or planning to harm yourself?

\_\_\_\_\_

What are you hoping for out of therapy?

\_\_\_\_\_

\_\_\_\_\_

On a scale of 1 to 10, with 10 meaning things are going well and 1 meaning that things are going very badly, where are you today on this scale (circle one)?

1    2    3    4    5    6    7    8    9    10

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