

Dr. Anne Dietrich, R. Psych.

Tel : 604-889-3787

Fax : 604-648-9107

Email : amdietrich@shaw.ca

*Richmond Counseling Clinic
#380-5951 No. 3 Road
Richmond, BC, V6X 2E3*

IDENTIFYING INFORMATION

Referred by: _____

Name: _____

Address: _____

City: _____ Postal Code: _____ Gender: M F

Telephone: Home _____ Is it okay to contact you at home? Y N

Cell: _____ Is it okay to contact you on your cell? Y N

Email: _____ Is it okay to contact you by email? Y N

Date and place of birth: _____

WORK HISTORY

Place of Employment: _____ Position: _____

Address of Employment: _____

Work Number: _____ Is it okay to contact you at work? Y N

FAMILY HISTORY

Marital Status: _____

Name and Phone No. of Partner: _____

Emergency contact: (name, number and relationship to you):

Do you have any children (biological, adopted, step-children)? Y N

Name of Child	Date of Birth	Residence	Grade	Health problems?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEDICAL HISTORY

Family Physician: _____ Physician's phone: _____

Physician's address: _____

Medical problems (illnesses, surgeries, hospitalizations):

Psychological/psychiatric problems (include professionals seen and dates:

Medications (names and dosage): _____

EDUCATIONAL HISTORY

Highest level of education completed: _____ Have you ever failed a grade? Y N

Please describe: _____

Please list any difficulties you had in school, such as learning disabilities, etc:

Is there anything else you want Dr. Dietrich to know? _____

Date: _____

Office Use
