NICK CARDONE RCT-C, CCC, M.ED.
COUNSELLING, PSYCHOTHERAPY, ADVENTURE THERAPY
902-456-3613

PERSONAL INFORMATION

NAME(S)_____

ADDRESS_____

POSTAL CODE _____

PHONE NUMBERS (HOME) _____ (CELL) _____

IS IT OK TO LEAVE A MESSAGE? (CHECK ONE) YES ❒ NO ❒

DATE OF BIRTH_____ AGE _____

EMAIL ADDRESS (if desired) _____

FAMILY SITUATION

❒Married ❒Single ❒Widowed

❒Partner ❒Separated ❒Foster/Adoptive family

❒Divorced ❒Blended ❒Son/Daughter

❒Children (names) _____

HAVE YOU CONSULTED A THERAPIST BEFORE? ❒Yes ❒No Dates: _____

REASONS FOR SEEKING A THERAPIST_____

_____

_____

IN THE PAST, WHAT HAVE YOU TRIED TO HELP YOUR SITUATION? _____

_____

_____

HOW DID YOU FIND OUT ABOUT MY SERVICES?

_____

_____

_____

PERSONAL HISTORY

PLEASE CHECK ANY OF THE FOLLOWING THAT ARE CONCERNS FOR YOU:

❒ Alcohol use
❒ Anger/Irritability
❒ Drug use
❒ Anxiety/Panic
❒ Gambling
❒ Depression/Low mood
❒ Internet/Computer use
❒ Suicidal thoughts/attempts
❒ Finances/Debt
❒ Sleep difficulties
❒ Eating/Body image
❒ Work difficulties
❒ Stress
❒ Self-esteem
❒ Relationship difficulties
❒ Family conflict
❒ Loss/Grief
❒ Sexual difficulties
❒ Other (please specify) _____

ARE YOU NOW OR HAVE YOU EVER BEEN EXPOSED TO:

- Physical Violence ❒Current ❒Past
- Emotional/Verbal Abuse ❒Current ❒Past
- Sexual Abuse ❒Current ❒Past
- Workplace Harassment ❒Current ❒Past
- Family Addictions ❒Current ❒Past
- Accident/Trauma ❒Current ❒Past
- Other frightening or overwhelming experiences (please describe)

_____

_____

_____

DO YOU CONSULT A FAMILY DOCTOR? ❒Yes ❒No

PLEASE LIST ANY MEDICAL DIAGNOSES OR HEALTH CONDITIONS:

_____

_____

PLEASE LIST ANY MEDICATIONS YOU CURRENTLY TAKE:

_____

OTHER INFORMATION:

_____

_____

_____