

CINNY BUBBER, PH.D., INC.

Registered Psychologist #1192

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BACKGROUND INFORMATION

GENERAL INFORMATION:

Name: _____ Date of Birth: _____

Address: _____

_____ Postal Code: _____

Phone: (Home) _____ (Work) _____

(Cell) _____

Email: _____ OK to email you about appointment **Y N**

Emergency contact: _____ Telephone/Cell: _____

CURRENT STATUS:

Occupation: _____ Years in position: _____

Marital Status: _____ Partner's Name: _____

Length in relationship (years): _____ Partner's Occupation: _____

Children Names (ages): _____

CURRENT PHYSICAL HEALTH & HISTORY:

Family Physician: _____ Phone #: _____

Last examination by physician: _____ Fax #: _____

Current Medical/Physical/Health Problems: _____

Current Medications: _____

Any major previous medical problems (e.g., head injury, surgery, accidents)? **Y N** If yes, please describe:

Approximate dates	Description	Current status
_____	_____	_____
_____	_____	_____

CURRENT ALCOHOL/DRUG USE & HISTORY:

Do you currently use alcohol or street drugs? **Y N** If yes, please describe:

Type of drug/alcohol	Amount & frequency	Increase or decrease from past?
_____	_____	_____
_____	_____	_____

What is your current caffeine intake per day? Include tea, coffee, and pop.

Have you ever received any treatment for alcohol or drug use? **Y N** If yes, please describe:

Approximate date	Name of program or hospital	Reason
_____	_____	_____
_____	_____	_____

Any issues of addiction in your family? **Y N** If yes, please describe:

PSYCHOLOGICAL HISTORY & CURRENT STATUS:

Have you ever received psychiatric or psychological help or counselling of any kind before? **Y N** If yes, please describe:

Approximate dates	Name of clinician & Profession	Reason
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Have you ever taken psychiatric medication of any kind before? **Y N** If yes, please describe:

Approximate dates	Name of Prescribing Physician	Reason
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Have you ever made any suicide attempts, self-destructive behaviours, violent behaviours? **Y N** If yes, please describe:

Approximate dates	Description	Outcome (including hospital, legal issues)
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Any issues of mental illness in your family? **Y N** If yes, please describe:

Why are you seeking therapy at this time?

Please **circle** any of the following you feel you are struggling with right now:

depression	fears	tiredness	nervousness/anxiety
suicidal thoughts	separation/divorce	finances	drug use
friends	anger	self-control	sleep
appetite	work	relaxation	headaches
loss	memory	ambition	remembering the past
insomnia	making decisions	loneliness	inferiority problems
concentration	education	hurting others	health problems
temper	nightmares	unhappiness	marriage/relationship
children/parenting	too much energy	panic attacks	trying to lose weight
stress	my thoughts	flashbacks	avoiding people/places
guilt	changes in my life	physical pain	low energy
sexual problems	alcohol use	self-harm	shyness
difficulty trusting	body image	career choice	trauma/abuse
disability	grief	legal matters	sense of unreality
cleanliness	on guard	hearing voices	checking rituals
family relationships	work	infidelity – self	infidelity – partner

Is there anything else I should know about?
