Shalom Counselling Centre of Alberta **Ph: 403.342.0339**
5515 – 27 Avenue, Red Deer, Ab. T4P 0E5 **Fax: 403.314.1798**
info@shalomcounselling.com **www.shalomcounselling.com**

BACKGROUND INFORMATION FORM

Welcome to Shalom Counselling Centre of Alberta. Please complete the following Background Information Form to the best of your ability. You are not required to answer all of the questions; however, the more you do the better we are able to help you. Each person involved in counselling is asked to fill out a form individually so we can hear each point of view. All information collected is strictly confidential and will only be shared with the Shalom Team as needed.

Today's Date:

First and Last Name:

Gender: ☐ Male ☐ Female ☐ Non-Binary
Age:
Date of Birth (dd/mm/yr): _____

Cell Phone:

Home Phone:

Business Phone:

Email:

Address _____ City _____ Postal Code _____

Best way to contact or leave message about appointments:
☐ Do not leave a message with anyone but me ☐ Please contact me by email
☐ Ok to leave message on answering machine ☐ Other: __ _____

Emergency Contact Information: (only used in the event of threat to safety)
Name: _____ Phone: _____ Email _____

Relationship Status
☐ Single ☐ Dating ☐ Engaged ☐ Married ☐ Common Law ☐ Separated
☐ Divorced ☐ Widowed ☐ Prefer not to say

Type of Counselling requesting: ☐ Individual ☐ Couple ☐ Family
(If couple or family is being requested, please include name(s):_____

If couple or family counselling is being requested, please indicate who will join you in your counselling:

☐ Partner ☐ Child/Children ☐ Siblings ☐ Parents ☐ Other Family ☐ Other

My Primary Reason for Counselling:
☐ Individual/Personal Growth
☐ Family/Relational Reasons

Counselling Location:
☐ Red Deer Office Location
☐ I prefer ZOOM video counselling

Do you have a Health Benefit Plan? ☐ Yes ☐ No
If yes, with whom: _____

Are you requesting a certain counsellor?
If yes, with whom: _____

What is your gross annual household income? $_____
(Please note that fees are assessed on your gross annual income. We will require you to show proof of income at your first appointment either by paystubs or annual tax return)

Where do you live?
☐ I live by myself ☐ I am new to my community this year ☐ I live in a household with others
☐ I am new to Canada in the last 3 years

Presenting Concerns:

☐ Addiction	☐ Adjustment and Recovery	☐ Anger Management
☐ Boundaries/Self Care	☐ Communication	☐ Conflict Management
☐ Coping Skills	☐ Domestic Abuse	☐ Health and Wellness
☐ Healthy Eating Habits	☐ Lifestyle/Behavioral Changes	☐ Marriage Preparation
☐ Mental Health	☐ Navigating Grief/Loss	☐ Parenting Strategies
☐ Problem Habits	☐ Problem Solving	☐ Relationship(s)
☐ Safety and Well-being	☐ Self-Acceptance	☐ Self Image and/or Identity
☐ Spiritual Health/Growth	☐ Stress Management	☐ Trauma

☐ Other (if other, please specify: _____

How would you score your current level of distress?
☐ 1 (Mild) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (Severe)

Has your current distress included thoughts or actions of suicide?
☐ Yes ☐ No

Has your current distress included thoughts or actions of self harm?
☐ Yes ☐ No

Are there risk or time factors adding to the urgency of your counselling?
☐ Yes ☐ No

Do your counselling goals include a spiritual perspective?
☐ Yes ☐ No

Do your counselling goals include a cultural perspective?
☐ Yes ☐ No

Do you feel currently you have supportive relationships in your life?
☐ Yes ☐ No

Are there health conditions that may impact your counselling goals?
☐ Yes ☐ No

Have you ever received a professional diagnosis and/or treatment for a mental health condition?
☐ Yes ☐ No

Have you or others had concerns about your use of drugs or alcohol?
☐ Yes ☐ No

If you feel at risk right now of actions of harm, self-harm or actions of suicide, support is available 24/7:

Mental Health Distress Line 877.303.2642
Suicide Help Line 800.232.7288
Women's Emergency Shelter 888.346.5643