

SAMRA PSYCHOLOGY CORPORATION

Director: Dr. Joti Samra
Registered Psychologist
(Reg # 1585)



CLIENT REGISTRATION

IDENTIFYING INFORMATION:

File Number:	Referral Source:	Date:
_____	_____	_____
Name:	Sex: M F	Date/Place of Birth:
_____	Ethnicity: _____	_____
Home Address:	Home Number:	Is it OK to contact you at home?
_____	_____	Y N

DEMOGRAPHIC INFORMATION:

Place of Employment:	Position:	Length of time at position:
_____	_____	_____
Work Address:	Work Number:	Is it OK to contact you at work?
_____	_____	Y N
Emergency Contact Name:	Emergency Contact Number:	Relationship to you:
_____	_____	_____

FAMILY HISTORY:

Marital Status:	Name of Spouse/Partner:	Contact number:
_____	_____	_____



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Office Address:
Suite 1400 - 400 Burrard Street
Vancouver, BC V6C 3G2

Telephone: (778) 772-7560
Email: info@drjotisamra.com
Web: www.drjotisamra.com

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

Child's Name:	Date of Birth:	Grade:	Residence:	Health problems?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEDICAL, PSYCHOLOGICAL & PSYCHIATRIC HISTORY:

Family Physician:	Address/City:	Phone:
_____	_____	_____

Please list all medications you are currently taking:

Date of last complete medical exam: _____

Name of Medication/Dosage:	Prescribed for:	Prescribing physician:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any MEDICAL difficulties/illnesses you have had (including hospitalizations, surgeries, other treatment):

Problem:	Date(s):	Treatment:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any PSYCHOLOGICAL/PSYCHIATRIC difficulties/illnesses you have had (including professionals seen and treatment):

Problem:

Date(s):

Treatment:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATIONAL & WORK HISTORY:

What is the highest level of education you have completed? _____

What were your marks in school? Elementary school: _____

High school: _____

Post-secondary: _____

Did you ever have any difficulties with school (e.g., learning to read or write; learning disabilities?). Please describe:

Did you ever fail any grades? Y N Describe:

Is there any other information that you feel would be important for Dr. Samra to know?

Client Signature: _____

Date: _____