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Patient Information

The following information is used to open your confidential file. Please be prepared to show ID.

Full Legal Name: _____ Date of Birth _____
M/D/Y

Place of Birth: _____ Language(s) _____

Date of Arrival to Canada _____ (M/D/Y)

Home Address _____
Street City Province Postal Code

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address: _____

To (re)schedule appointments where may I call?

Home Work Cell

May I leave a message on the answering machine?

Home Work Cell

May I leave a message with someone at this number?

Home Work Cell

List any restrictions:

Place of Employment _____ Occupation/Position _____

Family Physician _____ Phone _____

Address _____
Street City Province Postal Code

Whom may I contact in case of an emergency?

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Do you have any health concerns?

Have you experienced any of the following?

- Head Injury High fever Seizure Major Surgery Drug Overdose
 Difficulty Breathing Severe Allergic Reaction Cardiac Event Stroke
 Learning Difficulties Drug or Alcohol Abuse Chronic Illness Eating Disorder

How would you describe your sleep?

- Very Disrupted Satisfactory Good Very Good

Concerns? _____

How would you rate your overall physical fitness level?

- Well Below Average Below Average Average Above Average Well Above Average

What medications & dosage do you take? (include over the counter drugs if used more than once a week).

Have you ever been hospitalized for mental health related difficulties? Yes No

Have you ever made a suicide attempt or gesture: Yes No

Have you ever engaged in cutting? Yes No

Have you ever intentionally harmed another person physically? Yes No

Have you ever intentionally harmed an animal? Yes No

How often do you drink alcohol? _____ How much? _____

How would you describe your use of alcohol?

- No concerns Some concerns Definite concerns Unsure

How often do you use illegal drugs? _____ What do you use? _____

How would you describe your drug use?

- No concerns Some concerns Definite concerns Unsure

Have you sought counselling or psychological services in the past? Please describe.

Where did you hear about me?

Psychologist Referral service (OPA) Family Doctor Psychiatrist School Google search Web site

Psychology Today Other Online Other _____