

**Donna M. Reist, Ph.D., C.Psych.**  
Registered Psychologist

Midtown Psychological Services  
110 Eglinton Avenue West, Suite 305  
Toronto, Ontario M4R 1A3

T: 416-750-9400  
F: 1-866-644-2174

dr.reist@midtownpsychology.ca  
DrDonnaReist.com

## 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 \_\_\_\_\_  
Unit# 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 \_\_\_\_\_