

# WOODLANDS TRUST REGISTRATION FORM

**When completed return to:**

Dr Vicki Fowler  
Woodlands Trust  
PO Box 2111,  
Christchurch 8140



Please print clearly  
Thank You

POSSUNT QUIA POSSE VIDENTUR  
"They can because they think they can"

## CLIENT INFORMATION

<b>Given Names:</b>					
<b>Surname:</b>					
<b>Address:</b>					
<b>Suburb:</b>					
<b>City:</b>			<b>Postcode:</b>		
<b>Telephone:</b> 0 -			<b>Can we leave a message on this number?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Mobile:</b> 02			<b>Can we leave a message on this number?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Fax:</b> 0 -			<b>Email Address:</b>		
<b>Local Council:</b>			<b>Marital Status</b>  <input type="checkbox"/> Single <span style="margin-left: 150px;"><input type="checkbox"/> Separated</span> <input type="checkbox"/> Married <span style="margin-left: 150px;"><input type="checkbox"/> Divorced</span> <input type="checkbox"/> Living with partner <span style="margin-left: 100px;"><input type="checkbox"/> Widowed</span>		
<b>Date of Birth:</b>					
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female					
<b>Ethnicity:</b>					
<b>Gambling that causes you problems:</b>		Pokie Machines -	<input type="checkbox"/> Pubs	<input type="checkbox"/> Clubs	<input type="checkbox"/> Casino
<input type="checkbox"/> Casino Tables	<input type="checkbox"/> Horse Racing	<input type="checkbox"/> Sports betting	<input type="checkbox"/> Dog Racing	<input type="checkbox"/> Lotto	<input type="checkbox"/> Scratchies
<input type="checkbox"/> Stock Market	<input type="checkbox"/> Internet	Other:			
How did you hear about the course?		<input type="checkbox"/> Radio	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Family	<input type="checkbox"/> Friend <input type="checkbox"/> Other:
<b>I prefer...</b>	<input type="checkbox"/> Total Abstinence		<input type="checkbox"/> a Controlled Gambling Approach		

**Comments on your gambling...**

**Do you have a medical condition we need to be aware of? Please describe below...**

When do you gamble?	Where do you gamble?
<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	
<input type="checkbox"/> Saturday	
<input type="checkbox"/> Sunday	

**List three reasons why gambling is important to you:**

- 1.
- 2.
- 3.

**Educational Qualifications**

**Leisure / Recreation Pursuits** List in order of preference, i.e. what you most enjoy to the least enjoyable

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

**List other organisations you have approached for your Problem Gambling**

- |    |    |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

The purpose of this questionnaire is to obtain a comprehensive picture of your background. Please note all information is strictly confidential. The only exception to this clause is client safety/safety to others. If you present a serious risk to yourself or others then information may be disclosed under Section 22(F) of the Health Act (1956) to another treatment provider.

Please sign and date this document.

Signature: .....

Date...../...../.....