WOODLANDS CENTRE CHARITABLE TRUST INC

REGISTRATION FORM

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

Client Identification
Number _____

When completed return to:
Dr Vicki Fowler
Woodlands Trust
PO Box 2111, Christchurch 8140
Phone : 0800 333 122

NOTE: Please print clearly – thank you

CLIENT INFORMATION

Surname: _____ Given Names: _____

Home Address: _____

Suburb: _____ City: _____

Local Authority: _____

Phone: _____ Cell: _____

Fax: _____ Email: _____

Birth Date: _____

Age: _____

Gender: _____

Ethnicity: _____

Marital Status *(circle)*

Single Married Living with partner

Separated Divorced Widowed

Gambling Behaviours
Circle the types of gambling that cause you problems

Pokie Machines:	Pubs/Hotels
Pokie Machines	Casino i.e., Sky City Casino, Christchurch Casino.
Pokie Machines	Clubs (RSA's, Working Mens Clubs, Cosmopolitan Clubs, Sports Clubs)
Casino Tables	Horse-race betting
Sports betting	Dogs
Lotto	Scratchies
Stock Market/Bonds	Other

Abstinence or Controlled Gambling Approach
Tick (✓) which you prefer to pursue

I prefer Total Abstinence ☐
I prefer a Controlled Gambling Approach ☐

Comments on your gambling...

- ☐ Woodlands Trust staff may leave me a message on my voice mail.
- ☐ Woodlands Trust staff may leave a message with the person who has taken the call if I am out when they try to contact me.
- ☐ Woodlands Trust staff may not leave any messages and must speak with me personally.

Days of Week on which Gambling takes place and location		List three reasons why gambling is important to you:
Tick which days you gamble	*Location where you gamble*	1.
Monday		
Tuesday		2.
Wednesday		
Thursday		3.
Friday		
Saturday		
Sunday		

Educational Qualifications *(please list current qualifications)*

Leisure/Recreation Pursuits *List in order of preference, ie. what you most enjoy to least enjoy*
1 = most enjoyable *6 = least enjoyable*

1. 2.

3. 4.

5. 6.

List other organisations you have approached for your Problem Gambling

1. 2.

3. 4.

5. 6.

Have you read -**"Overcoming Compulsive Gambling:"** Author Alex Blasczczynski, Robinson Publishing 1997, Scorpio Bookshops, Hereford Street

Yes ☐ No ☐ *(Tick)*

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 requirement.

Signature: ……. Date…….