

Client Intake

The information you provide on this form will not be disclosed to anyone (including those who may attend counselling with you), and will be kept as part of your confidential file. It is not required that you answer all questions, however having your answers to these questions provides background that may help me in making decisions about what to focus on in our work together.

GENERAL INFORMATION

Today's date: _____

Name: _____ DOB: _____

Name of parent/guardian if under 18 yrs. _____

Address: _____

Email Address: _____

Phone: (H) _____ (W) _____ (cell) _____
(ok to leave a message? Y N) (ok to leave a message? Y N) (ok to leave a message? Y N)

Which number do you prefer to be reached at? home work cell other _____

Emergency contact: _____
Name/Phone Number/Relationship

Employer: _____ Occupation: _____

Highest level of education completed: _____

RELATIONAL INFORMATION

Current relationship status: single exclusively dating engaged married
(check all that apply) living together common law separated divorced widowed

If in committed relationship, for how long? _____

How long have you known your partner? _____

Partner's name: _____ Partner's age: _____

Number of previous marriages for you? _____ For partner? _____

If widowed, separated, or divorced, for how long? _____

Please list any children you have, and their ages: _____

With who do you currently live? _Alone _Spouse _Children _Parent(s) _Sibling(s)
(check all that apply) _Boyfriend _Girlfriend _Other (who?)_____

PHYSICAL HISTORY

Please list any conditions, illnesses, medical treatments, surgeries, or any other health-related complaints that might be relevant to your reason for seeking counselling: _____

Please rate your general physical health (check one): _poor _unsatisfactory _satisfactory
_good _very good

Please list any medications you are taking, and for what condition they are prescribed for:

Do you have any chronic pain (check one)? _yes _no

If yes, please describe: _____

PRESENTING ISSUES AND GOALS

Please briefly indicate why you are coming to counselling: _____

What do you hope to gain or change by coming? _____

How long do you believe counselling should last? _____

Please indicate with a check mark if you have previously had: _counselling _psychiatric care
_inpatient/residential treatment If yes, was it helpful? _____
