



CLIENT INTAKE FORM

ABOUT YOU

First Name: _____	Surname: _____
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth: _____ Age: _____
Street Address: _____	City: _____ Postal Code: _____
Home Phone: _____	It is OK to leave a message?
Cell Phone: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Text: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preferences: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Other _____	

Date of Initial Session: _____

Local Emergency Contact: _____

Phone(s): _____

Family Doctor: _____

Address: _____

Relationship: _____

Phone: _____

City: _____ **Postal Code:** _____

Please share the short and long term goals you would like to achieve in therapy.

Short term goals:

Long term goals:

Have you ever had counselling in the past? What did and didn't work?

Have you ever:

Struggled with an addiction? Yes No **If yes, what type?** _____

Considered suicide? Yes No **If yes, when?** _____

Been diagnosed by a psychologist or psychiatrist with a 'mental illness' or DSM disorder (such as major depression, borderline personality disorder, etc.)? Yes No
If so, what was the diagnosis and when did it occur?

Do you have a serious illness? Yes No

Are you currently taking medication? Yes No

If so, please list them here:

PARTNER

First Name: _____ **Surname:** _____

Gender: F M **Date of Birth:** _____ **Age:** _____

Street Address: _____ **City:** _____ **Postal Code:** _____

Home Phone: _____ **Email:** _____

Cell Phone: _____

Work Phone: _____

Status: Single Married Common-Law Separated Blended Other

If other then please describe: _____

Length of Time in Present Relationship: _____

Does your partner have a family history of:

Mental Health Issues, e.g. depression? Yes No

Serious Illness? Yes No

Chemical Dependency? Yes No

If you answered yes to any of the above, please provide more details:

Please let me know how you found out about me:

Internet Clearmind ACCT Doctor Word of Mouth LinkedIn Psychology Today Other

Specifics would be appreciated!

