



Intake Form

Personal Contact Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email: _____

Date of Birth: _____ Gender: _____ Relationship Status: _____

Children and ages: _____

Racial/Ethnic Identity: _____

Is it okay to leave phone messages? YES NO Do you agree to receive SMS/E-mail YES NO
appointment reminders?

Is it okay to reach you by e-mail? YES NO How did you hear about us? _____

Occupation/School: _____

Emergency Contact

Name: _____ Relationship: _____

Phone #: _____ Address: _____

Questions

This section is meant to provide a general understanding of what has led to you accessing counselling services. Please only provide the information which you feel comfortable with.

1. Please briefly explain your reason for seeking counselling services:



2. When did the problem begin?

3. What has been most helpful so far?

4. What has been least helpful?

5. Have you or your family experienced any significant losses? Please list them.



6. Are you currently on medication? If so, please list them.

7. Who and/or what are your major supports in life?

8. What are your interests and hobbies?

9. What do you identify as your personal strengths/characteristics you appreciate about yourself?



10. What will be different in your life and how will you know when you are resolving the difficulties you are now experiencing?

11. What is most important for you to receive from your counselling sessions in this office?

12. Do you have any prior experience with counselling services? If so, what was helpful and/or not as helpful for you?

Disclaimer and Signature

I verify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____