



Individual Client Intake Form

Name

First:

Last:

Preferred:

Prefix:

- Ms.
- Mrs.
- Mr.
- Mx.
- Other:

Pronoun(s):

Date of Birth

Day:

Month:

Year:

Contact information

Preferred phone number:

Please indicate which type of phone this is (select all that apply):

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Cell |
| <input type="checkbox"/> Shared with others | <input type="checkbox"/> Home |
| | <input type="checkbox"/> Work |

Alternate or second phone if you have one:

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Cell |
| <input type="checkbox"/> Shared with others | <input type="checkbox"/> Home |
| | <input type="checkbox"/> Work |

Is it acceptable to you to receive voicemails sent to either number as a means of communication?

- | | |
|--|---|
| <input type="checkbox"/> Yes, to my preferred phone number | <input type="checkbox"/> No, not to either number |
| <input type="checkbox"/> Yes, to both numbers | |

Preferred email:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Visible to or shared with others |
|-----------------------------------|---|

If shared with others, please indicate with whom:

Preference for phone or email communication

- Email
- Phone
- Both

Address

Street Address:

City:

Street Address Line 2:

Province:

Postal Code:

Please complete the rest of this form in a way that is comfortable for you—questions may be left blank or briefly answered if you would rather discuss them in an appointment setting.

Emergency Contact Information

First Name:

Last Name:

Prefix:

- Ms.
- Mrs.
- Mr.
- Mx.
- Other:

Relationship to you:

Phone:

Email:

Preferred method of contact:

Referral Information

Did any specific person refer you to my counselling service?

Name:

Relationship to you:

Relationship Status and Domestic Situation

Current relationship status

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married |
| <input type="checkbox"/> Dating but not living with partner(s) | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Engaged | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Common-law | <input type="checkbox"/> Widow(er) |

Spouse or partner's name and age:

If applicable: How long have you been with your current partner?

If applicable: How long has it been since you were separated, widowed, or divorced?

Who do you currently share a house with? (Select all that apply)

- | | | | |
|--------------------------|-----------------------|--------------------------|-----------------|
| <input type="checkbox"/> | Parents | <input type="checkbox"/> | Spouse/ partner |
| <input type="checkbox"/> | Grandparents | <input type="checkbox"/> | Roommate(s) |
| <input type="checkbox"/> | Other extended family | <input type="checkbox"/> | Children |
| | | <input type="checkbox"/> | Alone |

If applicable: what are the names of the other members of your household and their ages?

Are there any other important details about your relationship or domestic life you want to add here?

Mental Health History

Why are you seeking counselling?

What do you expect from this counselling?

Are you currently seeing any other care providers including doctors, nurses, counsellors, psychologists, psychiatrists, or therapists?

Have you seen a counsellor, psychologist, psychiatrist or other mental health professional before? If applicable please indicate when.

Have you ever received a clinical diagnosis related to mental health in the past?

Have you received any other medical diagnoses you feel have impacted your mental wellbeing?

How would you describe your current wellbeing in terms of mental and physical health, mood, quality of sleep, and any other factors that are important to you?

Are you currently taking any medications that are intended to impact mental health or which you personally feel impact your mental wellbeing?

Please describe any other experiences you have concerns with that you hope to address in counselling.

Additional information, comments, or concerns you would like to share about this form or beginning a new counselling relationship.