INTAKE (One per person)

Today's Date: _____ Date of Birth: _____

Client Name: _____

Address: _____City: _____Postal Code:_____

Home #: _____ □ Msgs ok?

Work #: _____ □ Msgs ok? Email: _____

Cell #: _____ □ Msgs ok?

Emergency Contact: Name _____ Number:_____

Have you used therapy services before with a: ❑ therapist ❑ psychologist ❑ psychiatrist? ❑ No

When: _____ Reason: _____ Was it helpful? _____

Are you now or have you even been diagnosed with a mental health issue? ❑ No

Diagnosis: _____ When? _____ Meds? _____

Have you been hospitalized in the past? ❑ No

Reason: _____ When? _____ How long? _____

Do you have any medical conditions? ❑ No

Condition: _____ Medications: _____

Condition: _____ Medications: _____

Who is your family doctor?

Name: _____ Number: _____

Do you want a letter sent to your doctor advising them of the counselling? ❑ Yes ❑ No

Any family history of physical or mental health issues? ❑ None

_____

What is your general area of concern? _____

How long have you had this concern? _____

What do you do in an effort to cope with this and/or other issues in your life?

_____

What event prompted you to seek counselling at this time? _____

How did you learn about my services?

_____

Do you have benefits for Psychotherapy ❑ Marriage/Family Therapy ❑ Not applicable ❑

Name of insurance company?_____

(See reverse for Lifestyle questions)

LIFESTYLE

I eat _____ servings of fruit per day.

I eat _____ servings of vegetables per day.

I take these vitamins/supplements: _____

I eat ❑ meat ❑ fish:

❑ daily ❑ a few times per week ❑ rarely ❑ never

I consume dairy products:

❑ daily ❑ a few times per week ❑ rarely ❑ never

I eat fast food/processed food:

❑ daily ❑ a few times per week ❑ rarely ❑ never

I eat foods with refined sugar like doughnuts and muffins:

❑ daily ❑ a few times per week ❑ rarely ❑ never

I drink pop:

❑ daily ❑ a few times per week ❑ rarely ❑ never

I drink coffee:

❑ daily _____ # ❑ a few times per week ❑ rarely ❑ never

I drink alcohol:

❑ daily ❑ a few times per week ❑ rarely ❑ never

I smoke:

❑ daily ____ (#) ❑ a few times per week ❑ rarely ❑ never

I drink at least 8 glasses/2 litres of water per day:

❑ never ❑ rarely ❑ frequently ❑ daily

I am active for at least 30 min per day:

❑ never ❑ rarely ❑ frequently ❑ daily

I sleep:

❑ less than 6 hours ❑ 7-9 hours ❑ 10+ hours
❑ can't fall asleep ❑ can't get back to sleep ❑ poor quality sleep

Stress Level:

❑ severe ❑ significant ❑ moderate ❑ low/none