

Intake Questionnaire

Thank you for filling out this questionnaire. It will help me to more quickly understand your past and present situation.
Please circle the kind of therapy you are seeking: Family Couple/Union Individual

Identifying Information

Surname & Given Name: _____ Gender: _____ Date of Birth: _____

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Current Address/s: _____

Email: _____

Day, Evening and Cell phone numbers: _____

May I telephone/text you at these numbers? _____

Which is the preferred contact number? _____ May I leave a message/VMail? _____

When is the best time to initially contact you - please list at least two days/times. _____

Who referred you to me? or how did you learn of my services? _____

Other Information

Workplace/Occupation: _____

Gross Family Income: _____

Relationship Status: _____

Living Arrangements: _____

Education: _____

Religious Affiliation: _____

Children (to be completed by parents)

Name _____ Gender _____ Date of Birth _____

Name _____ Gender _____ Date of Birth _____

Name _____ Gender _____ Date of Birth _____

Health Information

Have you experienced therapy/counseling before? If yes, please provide a brief description of date, duration and the reason for attending.

Have you or are you currently seeing a Psychiatrist/Physician? If yes, please provide their full Name, address and telephone number.

Are you on any medications, prescribed or otherwise?
Please provide the name, dosage, and reason.

Are there any other agencies involved?

Is any of your family involved with psychiatrists/therapists or other agencies

Are there any serious illnesses in your family that are affecting your current challenge?

Please provide an emergency contact: full name, address, telephone number and relationship

1. Briefly state the reason you are seeking help at this time, and what you would like to change.

2. To the best of your knowledge describe when these problems began

3. What do you believe is/about the cause of these problems

4. What do you believe will change (feelings, thoughts, behaviour) once you have found reasonable solutions to the problem? How will your life be better?

5. What are your relationships currently like. Please describe feelings and concerns

6. Is there any other information you would like me to know? For example, what are your strengths? supports?

SIGNATURE: My signature confirms that I have freely given this information about myself and my I understood that it will be used as declared on the "Confidentiality Therapy Contract".

Signature: _____ Date: _____

Signature: _____ Date: _____