Counsel with Care
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Client Intake Form:

Date: _____

Client's Name: _____ Date of Birth: _____ Age: _____
Address: _____ City: _____

Province: _____ Postal Code: _____ Country of Origin: _____

Best Number to reach you: _____ Voicemail ok? ☐ Note: _____

Alternate Number: _____ Voicemail ok? ☐ Note: _____

Email Address: _____ Occupation: _____

Marital Status: _____

Current Living Situation: _____

Are there any dependents living in the household? ☐ Yes ☐ No

If yes, please list how many, your relationship, and their ages? _____
_____

Emergency Contact Information

Name	Relationship	Address	Phone Number	Alternate Number

How did you hear about us? _____
If you were referred, who were you referred by? _____

Have you accessed any Counselling Services in the past? ☐ Yes ☐ No

What worked for you in previous counselling? What did not work for you?
_____
_____
_____

Are you experiencing any challenges in coping with your emotional or mental health? ☐ Yes ☐ No

Have you ever received a mental health diagnosis? ☐ Yes ☐ No

If you answered yes to either of the above two questions, please explain: _____

_____

State in your own words the nature of your main problems:

_____

_____

_____

When did your problems first begin? How has this affected your life?

_____

_____

Have you experienced, or are currently experiencing, any suicidal ideations? ☐ Yes ☐ No

Have you attempted suicide in the past? ☐ Yes ☐ No

Have you been abused in the past? ☐ Yes ☐ No

What, if any, medications are you currently taking?

_____

_____

Do you suffer from chronic, long term or physical illness? ☐ Yes ☐ No

Please explain: _____

Are you concerned about your current or past use of alcohol and/or drugs? ☐ Yes ☐ No

Please explain: _____

What would you like to accomplish in therapy? How will you know therapy has worked for you?

_____

_____

_____

Is there any other information about yourself or your life circumstances that is important for us to know?

_____

_____

_____