



Dean Laviolette Counselling Client Intake Form

Please fill out this form beforehand in order to get the most out of our first session.
Your information will be protected as confidential information.

Client Information

Full Name:	Date:
Birth Date:	Age: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Home Address:	
City:	Postal Code:
Primary Telephone:	Cell Phone:
May I leave a message on either primary or cell phone numbers?	
Email:	
May I email you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you prefer email or text appointment reminders? <input type="checkbox"/> Text <input type="checkbox"/> Email	
<i>*Please note: Email correspondence is not considered to be a confidential medium of communication.</i>	
Occupation:	
Name of Family Medical Doctor:	Telephone:
Name of Emergency Contact:	
Relationship to you:	
Where did you hear about Dean Laviolette Counselling?	

Health Issues

Describe any health issues you currently have:

List any current medications:

Prescriptions:

Supplements (vitamins, etc):

Other:

Have you ever previously received professional counselling? Please share here:

What has brought you into counselling at this time?

Describe any major changes or crisis, especially within the last year, and how you dealt with them?



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Please rate how the issue that brought you here has affected the following areas of your life:

1 – No effect 2 – Little effect 3 – Some effect 4 – Much effect
5 – Significant effect N/A - Not applicable

Family:	1	2	3	4	5	N/A	Eating Habits:	1	2	3	4	5	N/A
Alcohol/Drug Use:	1	2	3	4	5	N/A	Sleeping Habits:	1	2	3	4	5	N/A
Financial Situation:	1	2	3	4	5	N/A	Sexual Functioning:	1	2	3	4	5	N/A
Ability to Control Anger:	1	2	3	4	5	N/A	Job/School Performance:	1	2	3	4	5	N/A
Anxiety Level/Nerves:	1	2	3	4	5	N/A	Ability to Concentrate:	1	2	3	4	5	N/A

Substance Abuse:

Do you currently consume alcohol? If yes, on average how many drinks per occasion do you consume?

How many days per week do you consume?

Do you have a history of problematic use of alcohol?

Have family members or friends expressed concern about your drinking?

Do you currently use non-prescribed drugs or street drugs?

Do you have a history of problematic use of prescription or non-prescription drugs?

Do you have a family history of alcohol or drug problems? If yes, please describe:



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At the end of counselling, how would you like things to be different?

Please share anything else that feels important which has not been mentioned above.

Is there anything else that is important for me as your counsellor to know about? Please tell me here.