

Confidential Intake Form

Client Information

Name: _____

Address: _____

Phone: _____ Work: _____ Email: _____

May I contact you by email? (Please Circle) Yes No

May I leave a message or text at the number provided? (Please Circle) Yes No

Date of birth: _____ Sexual Identity: _____

Marital Status: (Please Circle) Single Dating Engaged Married Common-law Separated

Divorced/ Widowed spouse(s) name (if applicable) _____

Children's names	Date of birth dd/mm/yr	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please read the following and circle YES or NO

Have you previously been involved in counselling? Yes No

Are you currently taking any medication? Yes No

Please list all medication you are currently on and use:

Do you drink alcohol, use prescription pain-killers, sleep aids or non-prescription drugs? Yes No

Have you ever been hospitalized for mental health reasons? Yes No

Is there a history of mental health issues in your family? Yes No

Do you currently have thoughts of suicide? Yes No

Do you intend to carry them out? Yes No

Have you ever attempted suicide? Yes No

Have you ever been physically or emotionally abused? Yes No

Have you ever been sexually abused or assaulted? Yes No

Has there been any violence in any of your relationships? Yes No

Do you have any allergies? Yes No

Do you have any medical or mental health conditions we should be aware of? Yes No

Please describe the issue(s) that you would like to work on in counselling.

Please add any additional information which may be relevant:

How did you come to know about my service? Were you referred?

Person to contact in case of emergency: _____

Their relationship to you: _____ Phone #(s): _____

II Fees and Payment

- Individual counselling fees: \$_____ (per 60 min session)
- Couples and family counselling fees: \$_____ (per 90 min session)
- Payments are to be made by cash, cheque, or e-transfer at the time of service. NSF cheques will require a \$25.00 service charge.
- There will be a charge if an appointment is missed without a minimum of 24 hours notice.
- *Please consult with your human resources department or your insurance company to determine whether your extended benefit plan covers therapy provided by a Registered Therapeutic Counsellor. Receipts are given that may be eligible to reduce your income taxes.*

III Authorization

I certify that I have read and understand the above information to the best of my knowledge, and that I certify that I have accurately answered the above questions. I have read the above fee schedule and I accept full responsibility for payment of counselling fees and sessions missed without 24hr notice.

Signature of Client (or parent of a minor) _____ Date _____

Signature of Client (or parent of a minor) _____ Date _____