

Intake Form for Psychotherapy Services

Name: _____

Address: _____ Postal code: _____

Phone: (Home) _____

Phone: (Cell) _____

Permission to txt appointment reminders? _____

Email: _____ Permission to email? _____

Birth Date: _____ Age: _____ Gender: _____

Occupation: _____

Other types of health care you are employing currently _____

Emergency contact: _____ Phone: _____

Appointments are considered confirmed at the time of booking. Respectively, we require 48hours(2 business days) notice for any cancellations or rescheduling. A fee will be applied to any missed appointments or short notice cancellations.

Please bring this completed form to your first session



MAIN CONCERN

What is the reason(s) you are seeking support at this time in your life?

Describe how this concern has progressed from onset to present:

What moods go along with it? (ex. Anger, sadness, depression, anxiety, etc.)

What behaviours go along with it? (ex. Avoidance, excessive eating, overwork, etc.)

List in order of importance other concerns that are troubling you:

What are your goals for our sessions? What would you like to accomplish/learn/uncover by the end of our work together? List 3 goals in priority.

What is your biggest FEAR right now?

Have you had any previous therapy or counselling at any time in your life? If yes, how old were you and what type of therapy did you receive and what was the reason?

CURRENT

Do you feel that you have an adequate support network of family and/or friends?

What area of your life do you feel most stable within? (ex. Work, family, school, etc.)

What area of your life do you struggle most within? (ex. Work, family, school, etc.)

What are some of the ways you choose to deal with difficult feelings or problems?

Have you ever struggled with addiction, past or present? (ex. Alcohol, nicotine, food, sex, gambling, shopping, internet, TV, etc.)

Have you experienced any significant losses? Recently?

MEDICAL

Your general state of health is: excellent good average fair poor

Your energy level is generally: excellent good average fair poor

Do you have any current medical conditions that you are being treated for?

List any prescription or over the counter medications you are currently taking:

List any vitamins, supplements, herbs or other remedies you are currently taking:

Have you experienced any physical traumas or surgeries? Describe.

Have you had suicidal thoughts or attempts? Recently?

Do you suffer from schizophrenia, paranoia or untreated bi-polar disorder?

Have you ever been prescribed an anti-depressant or bi-polar medication? Currently?

Have you ever had any thoughts of hurting yourself or another?

Are you currently having thoughts/fantasies of ending your life or harming someone else?
