902-266-9763
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COUNSELLING THERAPY INTAKE FORM

General Information

Name____

Age________ Birthdate ____

Full Address____

____

Home Phone_________________________ Cell _____________________________
Messages okay: Yes/No Messages okay: Yes/No

E-mail _____________________________________

Emergency contact: Name _________________________ Phone ___________________

Insurance/Coverage: Name _________________________Policy #__________________

Physical & Emotional Health History

Are you now under a doctor's care?______If yes, name of doctor____________________

Are you taking any medication?______If yes, what kind?___________________________

Last medical examination____________________________

Any major illnesses or surgeries?____

Any recurrent or chronic conditions?____

Please circle any of the following that apply to you:

Alcohol use	Anxiety/Panic	Relationship difficulties
Anger/Irritability	Depression/Low mood	Family conflict
Drug use	Gambling	Loss/Grief
Internet/Computer use	Suicidal thoughts/attempts	Sexual difficulties
Finances/Debt	Sleep difficulties	Self-esteem
Eating/Body image	Work difficulties	Stress

Other (please specify) ____

Have you ever been exposed to or witnessed (please circle):

Physical violence	Addiction
Emotional/verbal abuse	Death/suicide
Sexual abuse/assault	Accident
Workplace harassment/bullying	Trauma

Have you had any thoughts of suicide?____ If so, when______________________________

Present Situation

Please state why you decided to come for counseling/therapy__________________________

____

What is the nature of your situation____

____

What would you like to experience that is different from what you are experiencing now___

____

How long has this been a problem for you____

____

Please state what you would like to work on in therapy________________________________

____

What do you hope to achieve with therapy?____

____

Any previous Therapy/Counseling?______ If yes, describe, when, where, how long, what

for____

Put anything else in the space below that you think would be helpful for me, as your therapist, to know. ____

____

____

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