

New Client Intake Form

Personal Information

First name:	Last name:
Age:	Date of birth:
Ethnicity:	Religion:
Marital status:	Number of children and their ages:
Sex/gender:	

Home address:

--

Telephone:

Email address:

Who do you live with?

Employment Information

Are you currently working? Yes/No/Sick leave

Not working because...

Full time/part-time/not applicable?

Reason for Choosing Therapy

How did you find out about us?

--

What brings you in today?

How intense is your emotional distress? (Where 0 is not at all and 10 is incapacitating.)

0	1	2	3	4	5	6	7	8	9	10

To what degree do your problems affect your ability to perform at work, at home, and in your relationships with others? (Where 0 is not at all and 10 is incapacitating.)

0	1	2	3	4	5	6	7	8	9	10

When did these problems begin, and what was happening in your life at that time?

Psychiatric and Medical History

Have you been diagnosed with any psychiatric or mental health problems?

Have you been diagnosed with any physical health problems?

Are you on any medication, and what for?

Please provide the name of your family doctor and their contact details:

Please provide the name of your psychiatrist (if you have one) and contact details:

Counseling goals

What motivated you to come here today?

What are your goals for counseling?

Is there anything else that you would like to mention?