Therapycomes2u

Counselling Intake- Individual Form
(To be completed by client)

Name: _____Date: _____

Address: _____

_____Postal Code: _____

Referred by:_____

Phone: *home* _____*business* _____

*mobile*_____

Which is the best number to call you at: _____

May I leave a message: _____

Email: _____

Can I send confidential emails to this address: _____

Age: _____

Have you ever been married? Yes No If yes, to whom and for how long?

_____

_____

Occupation: _____ Work Status: _____

Is there any other person living in your household? Yes No

Please give their names and their relationship to you.

_____

_____

Children's names, ages (If applicable):

_____

_____

_____

In your own words, what are the reasons you are coming for counselling?

a. _____
b. _____
c. _____
d. _____

What do you hope to gain from counselling?

_____

_____

Significant past / present events: (ones applicable)

Illnesses_____

Injuries _____

Hospitalizations _____

Handicaps _____

Incarcerations _____

Failures _____

Deaths _____

Verbal or mental abuse _____

Physical abuse _____

Sexual abuse _____

Divorce / Separation _____

1. Who have you previously seen for counselling? For how long?

   _____

2. Who is your doctor? _____
3. Are you taking any prescribed medication at this time? Yes No

   If yes, what? _____

   For how long? _____
4. Drug/alcohol addictions:

   Family _____

   Personal _____
5. When was the last time you had a severe emotional upset? (of applicable)

   _____

*** See Checklist of Identifying Symptoms**

Is there anything else which would be helpful for us to know about your present or past situation? _____

_____

_____

Checklist: Identifying Symptoms (Please check all that apply to you)

_____ Headaches
_____ Dizziness
_____ Fainting spells
_____ Palpitations
_____ Stomach trouble
_____ No appetite
_____ Fatigue
_____ Insomnia
_____ Nightmares
_____ Dreams

_____ Suicidal thoughts
_____ Sexual problems
_____ Financial problems
_____ Marital problems
_____ Depressed
_____ Rejection
_____ Outburst of tears
_____ Can't keep a job
_____ Unable to make decisions

_____ Tense
_____ Fear
_____ Anger
_____ Shy
_____ Lonely
_____ Anxiety
_____ Jealous
_____ Feel panic
_____ Inferiority

Additional Note Space for Intake Counsellor