DATE OF INTAKE: _____/_____/_____

New Harmony Counselling Services

CLIENT INTAKE FORM

Please provide the following information and answer the questions below.
Note: Information you provide here is protected as confidential information.

1. CONTACT INFORMATION

Name: _____
(Last) (First) (Middle Initial)

Birth Date: _____ /_____ /_____ Age: _____ Gender: □ M □ F □ T
(Year) (Month) (Day)

Cell/Other Phone: ( ) _____ May we leave a message? □ Yes □ No

Home Phone: ( ) _____ May we leave a message? □ Yes □ No
(if different from above)

Work Phone: ( ) _____ May we leave a message? □ Yes □ No

E-mail: _____ May we email you? □ Yes □ No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Address:

_____
(Number and Street **OR** Postal Box)

_____
(Apartment Number)

_____
(City) (Province) (Postal Code)

2. EMERGENCY CONTACT PERSON

Name: _____
(Last) (First) (Middle Initial)

Cell/Other Phone: ( ) _____ May we leave a message? □ Yes □ No

Home Phone: ( ) _____ May we leave a message? □ Yes □ No
(if different than above)

E-mail: _____ May we email your contact? □ Yes □ No

Relationship to client: _____

3. FAMILY INFORMATION

Current Marital Status:
□ Single □ Married □ Domestic Partnership (living together)
□ Separated □ Divorced □ Widowed
□ In a long-term dating relationship (not living together)

Previously Married/coupled? □ Yes Number of times (NOT counting present status) _____
□ No
If you are single, are you living independently □ Yes or with parents/family? □ Yes

If you are a parent, please list names of your children, their ages, their other parent's name, and who has custody.
(e.g. "Todd…age 7…Mary (his mother)… F (lives with his father"). Include step children and adopted children; include adult children.

Name: _____ Age: _____ Parent's Name: _____ Custody? _____

Name: _____ Age: _____ Parent's Name: _____ Custody? _____

Name: _____ Age: _____ Parent's Name: _____ Custody? _____

Name: _____ Age: _____ Parent's Name: _____ Custody? _____

Name: _____ Age: _____ Parent's Name: _____ Custody? _____

Name: _____ Age: _____ Parent's Name: _____ Custody? _____

Name: _____ Age: _____ Parent's Name: _____ Custody? _____

4. GENERAL HEALTH INFORMATION

Family Doctor: _____ Telephone: _____

Doctor's Address:

_____
(Street and Number)

_____
(City) (Province) (Postal Code)

Do you want your doctor to be listed in your "Circle of Care"? (to know that you are in therapy)

Do you have any medical conditions of which the counsellor should be aware?

□ Yes □ No
If yes, what is the condition and what medication(s) are you currently taking?

_____

_____

_____

Have you previously received any type of mental health services (psychotherapy, psychiatric services, individual or group counselling)? □ No

□ Yes, previous therapist/practitioner/counsellor:

Name: _____

Telephone: _____

Therapist/practitioner/counsellor's Address:

_____
(Street and Number)

_____
(City) (Province) (Postal Code)

What was the concern for which you were receiving counselling previously?

_____

Are you still seeing this practitioner? □ Yes □ No

5. EXPECTATIONS

What do you hope to get from counselling at **New Harmony**?

_____

_____

_____

Please list any other information you think is important for your counsellor to know about you.

_____

_____

How did you find out about **New Harmony**?

_____

Will you be requiring receipts for reimbursement from an insurance company or employee benefits package? □ Yes □ No

If yes, what is the name of the insurer? _____

I understand the limits of confidentiality, I understand my counsellor's duty to report potential harm and abuse, and I agree to live with the consequences of such reporting.

_____ _____
Client Signature (if client is age 12 or over) *** Today's Date

_____ _____
Parent Signature (if client is under age 18) *** Today's Date

_____ _____
Witness Signature (may be the therapist) Today's Date

*** If the client is under age 18, a parent or guardian **must complete** Page 5, Section 6 "When the Client is a Minor".

Thank you for taking the time to complete this Client Intake Form!

6. WHEN THE CLIENT IS A MINOR

In the case where the client is a child (under 18 years), name of parent/guardian:

_____

(Last) (First) (Middle Initial)

Home Phone: ( ) _____ May we leave a message? □ Yes □ No

Cell/Other Phone: ( ) _____ May we leave a message? □ Yes □ No

If there is a custody agreement in place, name of the other custodial parent:

_____

(Last) (First) (Middle Initial)

Birth Date: _____ /_____ /_____ Age: _____ Gender: □ M □ F □ T
(Year) (Month) (Day)

Home Phone: ( ) _____ May we leave a message? □ Yes □ No

Cell/Other Phone: ( ) _____ May we leave a message? □ Yes □ No

E-mail: _____ May we email person? □ Yes □ No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Address:

_____

(Number and Street **OR** Postal Box)

_____

(Apartment Number)

_____

(City) (Province) (Postal Code)

Is the other parent aware and agreeable to the minor child receiving counselling?
□ Yes □ No