



Boundless Counselling
And Behavioural Consulting

Ashley Dreger MACP
(403) 390- 6550

We can all use help to reach our
full potential

Intake Form

Date: _____

Client Name(s) and birth dates

_____	_____
_____	_____
_____	_____
_____	_____

Client Contact information:

Address _____

Phone number _____
Home Work

Email _____

Preferred method of contact

Custody of minor Please indicate if parents are divorced or separated and the custodial arrangement:

Referred by _____



Boundless Counselling
And Behavioural Consulting

Ashley Dreger MACP
(403) 390- 6550

We can all use help to reach our
full potential

Physician _____

Any medical concerns or conditions _____

Current Medication

Client Name	Medication	Dosage	Taken since

Emergency contact _____



Boundless Counselling
And Behavioural Consulting

Ashley Dreger MACP
(403) 390- 6550

We can all use help to reach our
full potential

Presenting problem

Type of counselling

History

Family

Childhood

Personal (abuse/suicide)
