Sandi Taylor Counselling & Consulting
1137 Simmons Dr.
Headingley, Manitoba R4H 1E1
(204) 330-7213
stcc@sanditaylorcounselling.ca

Therapy Intake Form

Contact Details

First Name

Last Name

Preferred Name

Date of Birth *(YYYY-MM-DD)*

Sex *(Select only one)*

- ☐ Male
- ☐ Female
- ☐ Intersex
- ☐ X

Gender Identity

Pronoun(s)

Email

Home Phone

Work Phone

Mobile Phone

Address

Street Address

City

Postal Code

Emergency Contact

Name

Phone

Email

Relationship *(Select only one)*

- ☐ Dependant
- ☐ Other
- ☐ Parent
- ☐ Partner
- ☐ Sibling
- ☐ Doctor
- ☐ Lawyer
- ☐ Teacher
- ☐ Third-Party

Street Address

City

Postal Code

Other

Insurance

Referral

Treaty Number (if applicable) *(0 - 10)*

Do you live with any of the following Mental Health issues? *(Select all that apply)*

- ☐ Depression
- ☐ Anxiety
- ☐ ADHD/ADD
- ☐ Personality Disorder
- ☐ Self Harm
- ☐ Suicide Thoughts
- ☐ Suicide Attempt
- ☐ Other

If you indicated Other Please explain

What Medications do you take?

Do you use any of the following *(Select all that apply)*

- ☐ Alcohol
- ☐ Tobacco
- ☐ Marijuana
- ☐ Cocaine/Crack
- ☐ Heroine
- ☐ Amphetamines (Crystal Meth/Speed
- ☐ LSD or other Hallucinogens
- ☐ OxyContin (or other pain meds)
- ☐ Stimulants
- ☐ Tranquilizers or sleeping meds
- ☐ Ecstasy
- ☐ Sniffing inhalants/solvents
- ☐ Other

Have you or are you in any kind of recovery program *(Select only one)*

- [ ] Yes
- [ ] No

If yes, please tell me which one(s)

Have you had previous counselling support *(Select only one)*

- [ ] Yes
- [ ] No

If yes, was it helpful. *(Select only one)*

- [ ] Very
- [ ] Somewhat
- [ ] Not at all

Please explain.

Please briefly describe what brings to currently seek support.

What if anything have you done to try and deal with this?

What do you hope to achieve/accomplish/change with this support?

Anything else you would like me to know?

Terms and Conditions

Acknowledgment and Signature

I acknowledge that the information provided is accurate and by signing I agree to have this information in my (or my child's) file for reference by the therapist.

- [ ] I agree to the terms and conditions