CREATIVE WELLNESS SERVICES

INTAKE ASSESSMENT (Teen/Adult)

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*Please complete this form on your computer and send **before your first appointment** via the Heart Times website at https://hearttimes.ca/contact-us*
You can also scan it and send to Shelaine's email at shelaine@hearttimes.ca.
IMPORTANT NOTICE: The information you provide on this form is confidential and will not be given to anyone without your written permission.

PERSONAL INFORMATION:

Client Name: _____

Gender: _____

Date of Birth: _____

Age: _____

Relationship Status: _____

Length of Relationship (if applicable): _____

Occupation: _____

Racial/Ethnic Background: _____

Religious or Spiritual Orientation: _____

Address: _____

Email address: _____

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Cell Phone #: _____

Home Phone #: _____

In case of emergency, whom may Shelaine contact?

Name: _____

Phone number: _____

Relationship to you: _____

Referral source: _____

Are you currently employed? If so, please describe your current employment situation, including your job title, place of employment, and number of hours per week worked.

PRESENTING CONCERNS:

Please describe the problem(s) for which you are seeking therapy at this time. How long has this been a problem?

What are your goals for counselling? In what ways would you like to benefit from counselling?

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What (if anything) interested you in the use of expressive arts in counselling?

HOUSEHOLD STRUCTURE, FAMILY & INTERESTS/STRENGTHS:

Please describe who is a part of your household, including the names and ages of the people who live with you.

If not stated above, do you have any children? How many, what are their ages, and where do they live?

Please describe any recent changes or stressors (e.g., moving, financial problems, divorce, death of a family member).

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Please list any hobbies or interests in which you participate, or other strengths you may have.

MEDICAL INFORMATION:

Please list any medical illnesses, conditions, or disabilities that you have.

Have you ever been hospitalized? If so, please list dates and reasons for hospitalizations.

Have you ever had surgery? If so, please list dates and reasons for surgery.

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Please list all current medications that you are taking, including medicine for medical or mental health conditions, birth control pills, vitamins, and supplements. Please indicate you prescribes your medication, if applicable.

MENTAL HEALTH INFORMATION:

Have you ever been diagnosed with a mental or emotional problem, such as depression, anxiety, ADHD, bipolar disorder, or an eating disorder? If so, please list.

Have you ever been hospitalized for mental health reasons? When and for how long?

Have you ever made an attempt to end your life (i.e., suicide)? When and with what means?

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Do you currently have thoughts of suicide? How often? Do you intend to carry them out? Do you have any specific plan with which to die by suicide?

Are you experiencing violence in any of your relationships?

Are you currently self-harming? Have you used self-harming in the past?

Please list all prior experiences with mental health treatment:

Name of Provider & Agency/Practice (i.e., community agency, private practice)	**Approximate Dates of Treatment**	**Problem / Reason for seeking treatment**	**Outcomes** (i.e., you felt better and decided to stop, you no longer felt supported by your counsellor)

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Do you have any learning disabilities? If so, please describe.

Has anyone else in your family been diagnosed with or treated for mental or emotional problems? If so, please list the family member(s) and nature of the problem(s).

SUBSTANCE USE INFORMATION:

Do you drink alcohol or use non-prescription drugs? If yes, please list the substances.

Is drinking or drug-taking currently a problem for you?

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Has drinking or drug taking ever been a problem for you in the past?

Any other addictive behaviors you wish to disclose (i.e., gambling, spending, etc.)?

OTHER HEALTH AND SELF-CARE RELATED INFORMATION:

Please provide details of any exercise. How often/what kind of workout/ how long have you been doing it for?

Please provide details of nutrition, including challenges or concerns with eating.

Please provide details of sleep, including your current sleep schedule, and challenges or concerns with sleeping.

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Please provide details of relaxation practices you do in your day-to-day (i.e., yoga, meditation), including interest in exploring these types of techniques.

Other information that may be relevant?