



Inner Clarity Counselling

New Client Intake Form

Date ___ / ___ / ___

Name/Names:

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Address:

.....

Date of birth: ___ / ___ / ___

Email:

Home phone: **Mobile:**

Preferred method of contact:

Have you previously received any type of mental health services (psychotherapy, counselling etc.)?

Are you currently taking any prescription medications? If so, please list.

What is the main reason for seeking counselling at this time? The answer to this question does not need to be lengthy, just a brief overview will be fine.

Thank you for taking the time to fill in these details. A more thorough assessment will be taken during our first session together.