

GRACERENEWAL COUNSELLING SERVICES

INTAKE FORM

Please provide the following information and answer the questions below as best as you can. Please note that the information you provide here is protected as confidential information. Please return completed form to therapist.

Please circle the service you are seeking:

Individual therapy

Couple therapy

Family circle

Customized faith-based therapy

PERSONAL INFORMATION

Name: _____

Date of Birth: ____/____/____

Address: _____

Phone: _____ Mobile: _____

Can I leave a Message: _____

E-mail: _____

Current occupation: _____

Who referred you to me? _____

Do you give me permission to thank them?

Yes No If yes, please initial _____

IN CASE OF EMERGENCY

Name: _____

Phone: _____ Mobile: _____

Relationship: _____

BRIEF HISTORY

1. Have you had previous counselling, psychiatric care, etc.? Yes No

If yes, when _____

2. Do you have a general practitioner / family physician?

3. Are other health professionals helping you right now?

4. Have you ever had a serious illness, either physical or psychological?

Yes No

If yes, state for what reason & when: _____

5. Are you presently taking any medication? Yes No

If yes, please list:

6. What do you consider to be some of your strengths?

7. What do you consider to be some of your weaknesses?

8. What significant life changes or stressful events have you experienced recently?

9. What would you like to accomplish out of your time in therapy?
