**Sarah Carr Psychological Services**
53 Grafton Street
Charlottetown, Prince Edward Island C1A 1K8
(902) 367-4722
carrpsychological@gmail.com

# General Intake 2022

## Contact Details

First Name

Middle 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

Other Phone

Email Reminders *(Select only one)*

- [ ] None
- [ ] 2 hours before appointment
- [ ] 4 hours before appointment
- [ ] 6 hours before appointment
- [ ] 8 hours before appointment
- [ ] 12 hours before appointment
- [ ] 24 hours before appointment
- [ ] 48 hours before appointment
- [ ] 72 hours before appointment
- [ ] 96 hours before appointment

SMS Reminders *(Select only one)*

- [ ] None
- [ ] 2 hours before appointment
- [ ] 4 hours before appointment
- [ ] 6 hours before appointment
- [ ] 8 hours before appointment
- [ ] 12 hours before appointment
- [ ] 24 hours before appointment
- [ ] 48 hours before appointment
- [ ] 72 hours before appointment
- [ ] 96 hours before appointment

## Address

Street Address

City

Postal Code

Country *(Select only one)*

- [ ] Canada
- [ ] United States
- [ ] Hong Kong

Region *(Select only one)*

- [ ] Alberta
- [ ] British Columbia
- [ ] Manitoba
- [ ] New Brunswick
- [ ] Newfoundland and Labrador
- [ ] Nova Scotia
- [ ] Northwest Territories

- [ ] Northwest Territories
- [ ] Nunavut
- [ ] Ontario
- [ ] Prince Edward Island
- [ ] Quebec
- [ ] Saskatchewan
- [ ] Yukon
- [ ] Alabama
- [ ] Alaska
- [ ] Arizona
- [ ] Arkansas
- [ ] California
- [ ] Colorado
- [ ] Connecticut
- [ ] Delaware
- [ ] Florida
- [ ] Georgia
- [ ] Hawaii
- [ ] Idaho
- [ ] Illinois
- [ ] Indiana
- [ ] Iowa
- [ ] Kansas
- [ ] Kentucky
- [ ] Louisiana
- [ ] Maine
- [ ] Maryland
- [ ] Massachusetts
- [ ] Michigan
- [ ] Minnesota
- [ ] Mississippi
- [ ] Missouri
- [ ] Montana
- [ ] Nebraska
- [ ] Nevada
- [ ] New Hampshire
- [ ] New Jersey
- [ ] New Mexico
- [ ] New York
- [ ] North Carolina
- [ ] North Dakota
- [ ] Ohio

- [ ] Oklahoma
- [ ] Oregon
- [ ] Pennsylvania
- [ ] Rhode Island
- [ ] South Carolina
- [ ] South Dakota
- [ ] Tennessee
- [ ] Texas
- [ ] Utah
- [ ] Vermont
- [ ] Virginia
- [ ] Washington
- [ ] West Virginia
- [ ] Wisconsin
- [ ] Wyoming
- [ ] Hong Kong Island
- [ ] Kowloon
- [ ] New Territories

## Emergency Contact

Name

Phone

Email

Relationship *(Select only one)*

- [ ] Dependant
- [ ] Other
- [ ] Parent
- [ ] Partner
- [ ] Sibling
- [ ] Doctor
- [ ] Lawyer
- [ ] Teacher
- [ ] Third-Party

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- [ ] Georgia
- [ ] Hawaii
- [ ] Idaho
- [ ] Illinois
- [ ] Indiana
- [ ] Iowa
- [ ] Kansas
- [ ] Kentucky
- [ ] Louisiana
- [ ] Maine
- [ ] Maryland
- [ ] Massachusetts

- [ ] Massachusetts
- [ ] Michigan
- [ ] Minnesota
- [ ] Mississippi
- [ ] Missouri
- [ ] Montana
- [ ] Nebraska
- [ ] Nevada
- [ ] New Hampshire
- [ ] New Jersey
- [ ] New Mexico
- [ ] New York
- [ ] North Carolina
- [ ] North Dakota
- [ ] Ohio
- [ ] Oklahoma
- [ ] Oregon
- [ ] Pennsylvania
- [ ] Rhode Island
- [ ] South Carolina
- [ ] South Dakota
- [ ] Tennessee
- [ ] Texas
- [ ] Utah
- [ ] Vermont
- [ ] Virginia
- [ ] Washington
- [ ] West Virginia
- [ ] Wisconsin
- [ ] Wyoming
- [ ] Hong Kong Island
- [ ] Kowloon
- [ ] New Territories

**Other**

Insurance

Referral

Marital Status (include length of relationship if applicable) *(Select only one)*

- [ ] Married
- [ ] Widowed
- [ ] Separated
- [ ] Divorced
- [ ] Single
- [ ] Other

Please rate your current level of relationship satisfaction:*(circle your answer)*

1 2 3 4 5 6 7 8 9 10

What brings you here (specify current symptoms, presenting problem and history)

What are your goals for treatment? What will you hope will change as a result of receiving psychological services?

Children or Dependents? (Please list age, gender and relation to you)

Living Situation: who lives in your home with you? (Please list age, gender and relation to you)

Pets?

Current religious or spiritual beliefs and importance in your life ?

Current ethnic/ cultural practices and importance in your life

Personal strengths and resources that help you through difficult times

Hobbies or interests?

Anything else we should know?

Risk and Safety *(Select all that apply)*

- [ ] Suicide attempt/Significant thought
- [ ] Deliberate self harm
- [ ] Violent Behavior/Safety concerns
- [ ] Legal Involvement
- [ ] Fire setting

If you selected any of the above risks please provide details and most recent occurrence:

Medications (Please list start date, dose, frequency and response/adverse side effects for each medication)

Agencies, Hospitals or Therapies Involved Within the Past Two Years (eg. physiotherapy ,massage, acupuncture ,substance abuse treatment, counseling , psychotherapy). Please describe involvement:

Do you have a family doctor or nurse practitioner that is your primary point of care? Please provide name and contact:

Relevant Medical and Psychiatric History. ( Briefly describe all current and past diagnoses, treatments, and hospitalizations , as relevant)

Please rate your current satisfaction with your physical health *(circle your answer)*

1 2 3 4 5 6 7 8 9 10

Please rate your current satisfaction with your mental health *(circle your answer)*

1 2 3 4 5 6 7 8 9 10

Please rate your current satisfaction with your overall functioning in life*(circle your answer)*

1 2 3 4 5 6 7 8 9 10