

**CATHERINE MOFFAT COUNSELLING INTAKE**(confidential)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Gender: \_\_\_\_\_  
D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town/City \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Emergency Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Dr. \_\_\_\_\_ Phone: \_\_\_\_\_  
Other Professionals Involved: \_\_\_\_\_  
Personal Strengths: \_\_\_\_\_

**CONSENT FOR COUNSELLING SERVICES**

*I voluntarily consent to receive counselling services from Catherine Moffat of Counselling Muskoka. I understand that my information will remain confidential. I will provide written permission if I want any information about me shared with any other professionals.*

*I understand that my consent is not required if the following conditions exist:*

- *If I or someone else is in immediate risk of harm or danger*
- *If I disclose that a child under the age of 16 is at risk of abuse or neglect*
- *If there is a court order , subpoena or warrant by a Judge*

*Signature of Client:* \_\_\_\_\_ *Date:*\_\_\_\_\_

*Signature of Therapist:* \_\_\_\_\_ *Date:*\_\_\_\_\_

Physical Health Conditions \_\_\_\_\_

Mental Health Conditions: \_\_\_\_\_

Current Stressors: \_\_\_\_\_

Current Level of Distress: (low) 1 2 3 4 5 6 7 8 9 10 (high)

Work/Occupation: \_\_\_\_\_

Energy Level: \_\_\_\_\_ Exercise? \_\_\_\_\_

Digestions/Food Issues: \_\_\_\_\_

Medications: \_\_\_\_\_

Addictions: (drugs/alcohol/porn) \_\_\_\_\_

Safety Concerns?: \_\_\_\_\_

Circle: living alone single common-law Married

# of Pregnancies: \_\_\_\_\_ # of Children: \_\_\_\_\_

Ages/1st Name of Children:

\_\_\_\_\_

Your Hopes for Counselling: \_\_\_\_\_

\_\_\_\_\_

What have you found helpful/unhelpful?

\_\_\_\_\_

\_\_\_\_\_

Suicide Attempts: Yes / No Suicidal Feelings: Yes/No

Compulsive Behaviour/Addictions/alcohol/drugs/porn:

\_\_\_\_\_

Have you experienced any of the following:

anxiety

separation/divorce

depression

sexual abuse/physical abuse

loss due to death

emotional abuse

small/large trauma

hospitalizations

Sleep Routine/Habits \_\_\_\_\_

Support People in your Life:

\_\_\_\_\_

What else would be helpful for Catherine to know about? \_\_\_\_\_