Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can a detailed message be left? \_\_\_\_Yes \_\_\_\_ No

Do you have any of the following concerns:

Medical \_\_\_\_ Yes \_\_\_\_ No

Financial \_\_\_\_ Yes \_\_\_\_ No

Legal \_\_\_\_ Yes \_\_\_\_ No

Have you ever seen a counsellor before? \_\_\_\_\_\_\_\_\_

How long ago? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been hospitalized for a mental health issue? \_\_\_\_ Yes \_\_\_\_ No

Please specify the year and reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you feeling suicidal or thinking of taking your life in the next few hours?

 \_\_\_\_ Yes \_\_\_\_ No

Are you seeking counselling to deal with sexual abuse you have not disclosed before?

 \_\_\_\_ Yes \_\_\_\_ No

Have you experienced violence or threats in a household relationship in the past 3 months?

 \_\_\_\_ Yes \_\_\_\_ No

Have you been violent or threatening to anyone within the past 3 months?

 \_\_\_\_ Yes \_\_\_\_ No

Have you recently experienced symptoms of psychosis (abnormal thinking & perceptions)?

 \_\_\_\_ Yes \_\_\_\_ No

On a scale of 1-5 (5 being the worst possible) in the last 2 weeks, how often have you felt:

\_\_\_\_ Little interest doing things?

\_\_\_\_ Feeling down, depressed, hopeless?

\_\_\_\_ Trouble falling asleep or staying asleep?

\_\_\_\_ Poor appetite or overeating?

\_\_\_\_ Negative thoughts about yourself or feeling less confident?

\_\_\_\_ Trouble concentrating, watching TV, reading?

\_\_\_\_ Moving or speaking so slow that other people have noticed or the opposite-

 being fidgety or restless that you have been moving around more than usual?

\_\_\_\_ Have you felt life was not worth living?

\_\_\_\_ Have you had a bad conscious or feelings of guilt?

In the **last 4 weeks** have you had a panic anxiety attack \_\_\_\_ Yes \_\_\_\_ No

In the last 4 weeks how often have you felt on edge, nervous, anxious, or worrying lot about things? \_\_\_\_\_\_\_\_\_\_\_

How much of the following have you used in the past year?

**1** being never, **2**, less than once a month, **3**, 1-3 times a month **4** 1-2 times a week,

**5,** 3 or more times a week?

\_\_\_\_ Alcohol

\_\_\_\_ Cannabis

\_\_\_\_ Other drugs (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Prescription drugs (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you concerned about your alcohol or drug use? \_\_\_\_ Yes \_\_\_\_ No

Are others concerned about alcohol or drug use? \_\_\_\_ Yes \_\_\_\_ No

Have you experienced negative consequences because of your use? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On a scale of 1-5 (5 being the worst possible ) in the last 2 weeks, how often have you felt:

\_\_\_\_\_\_ it is difficult for you to take care of things at home.

\_\_\_\_\_\_ It is difficult for you to do your work.

\_\_\_\_\_\_ It is difficult for you to get along with others.

What kind of contact do you have with your doctor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much does your doctor know about the reason you are seeking counselling?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What have you NOT told that you think your counsellor should know?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anyone else you trust enough to share your concerns with? Who?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your current relationship status?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find out about North Star Counselling?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our professional counselling fees are $160.00 per session of counsellor’s time.

I will personally pay for sessions through PayPal and seek reimbursement though my extended health benefits. \_\_\_\_\_ Yes \_\_\_\_\_ No

What type of professional is covered on your extended benefit plan?