BRIDGES COUNSELLING

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Intake Information

Name: _____ Date of Birth: _____

Address: _____

Telephone: Work: _____▢ Home: _____▢

Cell: _____▢ (Please check box if ok to leave message at each number)

Referral Source: _____

Physician: _____ Contact Number: _____

Medication: _____

_____

Please notify in case of emergency:

Name: _____ Contact Number: _____

18 or younger:

Father's name: _____ Contact Number: _____

Mother's name: _____ Contact Number: _____

Do you Experience: (please check any that apply and put a p for those that you've experienced in the past)

o depression o anxiety o panic attacks o post traumatic stress disorder o difficulties sleeping (too much; too little; falling asleep;frequent waking) o lethargy, exhaustion o outbursts of anger/rage o difficulties relaxing o overwhelmed o feelings of helplessness or being powerless o self-harming behaviours – cutting/scratching/burning/other o thoughts of death or dying o disordered eating	o reoccurring dreams or nightmares o feeling out of control o high startle response o irregular or painful menstruation o constipation/diarrhea o ulcers o chronic pain o migraines o chronic fatigue syndrome o fibromyalgia o autoimmune illnesses o heart disease o hypothyroidism/hyperthyroidism o other_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Do you currently use any of the following (indicate how often, how much, and for how long):

Alcohol Tobacco Coffee Soft drinks	Black tea Marijuana Other substances

Are you in a significant or intimate relationship yes/no? If yes, for how long?

Are you currently: working/student/ looking for work/retired/other

How would you describe your stress level?

Do you have a relaxation practice?

What kind of exercise schedule do you keep?

Previous Counselling experience:

Medical Issues/Concerns:

What brings you into counselling at this time?

How safe do you currently feel? Physically? Emotionally? From others? From yourself?

How do you cope? What are your strengths?

In what ways do you think counselling might help?

Is there anything else you would like me to know?