

INTAKE FORM

PERSONAL INFORMATION

Full Name: _____ DOB: _____ Gender: _____

Address: _____

Phone #: _____ Email: _____

Marital status:

Emergency contact:

Name: _____ Phone #: _____ Email: _____

MEDICAL INFORMATION

Briefly describe your general health:

Are you currently using medication? Yes / No

If yes, what medication are you taking and reason?

Are you currently using alcohol and/or drugs? Yes / No

If yes, please give details

YOUR REASON FOR COUNSELLING

Have you had Previous Counselling? Yes / No

If yes, for what reason?

How did you feel about that experience?

What is the nature and length of your current concern?

What do you hope for/expect from counselling?

Is there anything else that you would like me to know?

Client's Rights

Some clients need only a few counselling sessions to achieve their goals; others may require months or even years of counselling. As a client, you are in complete control and may end our counselling relationship at any time. You also have the right to object to discussing any topic I raise if you are not comfortable or ready to address it. I will always respect your decision and not insist in any way on continuing with an 'intervention' you don't feel completely safe and comfortable with.

Cancellation

In the event that you will not be able to keep an appointment, please notify me at least 24 hours. Full session fee will apply the appointment was made 24 hours before the session time.

CONFIDENTIALITY AGREEMENT / RECORDING AND VIEWING

Client confidentiality is maintained in normal circumstance, except when the therapist believes a person or persons are at risk, then confidentiality must be waived and the appropriate authorities or family members must be notified. Such situations include the following:

1. The client is at risk of serious self-harm or of considering suicide
2. Of harming another person or committing homicide
3. Abuse of children is a mandatory reporting offence which I am required to report by law

Where confidentiality cannot be maintained the counsellor will take all possible steps to first inform/discuss their intention with the client.

I have read the above and understand the counsellor's social and ethical responsibility to make such decisions where necessary. I understand and agree to these conditions concerning confidentiality.

Client's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____