



Hawley Counselling
Judy Hawley, RSW, MSW, BSW, BSDS;
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OCSWSSW # 825281

Short Form Intake for Counseling Services

This document will be kept on file.

Personal information:

Name:

Phone Number(s):

Address:

Gender identification/pronouns if used:

Physician:

Number:

Emergency Contact with Number:

Do you have a Psychologist or Psychiatrist? If so Name and contact:

Have you previous experience with therapy? Yes No .

What kind of therapy did you have previously/dates of:

What did you find helpful/unhelpful in previous therapy?

Medical health: Do you have any medical/physical restrictions or conditions to note:

Previous background mental health:



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Medications currently prescribed and taking:

Substance use and treatment history:

Family of origin history with regards to mental health and substance use?

What are the goals you have in therapy? What are the issues you are seeking support for currently?

Do you have a history of mental health problems in childhood or adolescence? Were you given medication at any time for these?