



Islamic Social Welfare Association (ISWA)

A subsidiary of the Windsor Islamic Association

1320 Northwood Dr, Windsor, Ontario N9E 1A4

(519) 966-2355 Ext.3 Email: iswaoffice@windsormosque.ca

INTAKE FORM

Please fill out this information form as carefully and as thoroughly as possible. This information is confidential and will be used by your counsellor to assist you. Please use the reverse side of this page if you need more space.

Client Name: _____ Date of Birth: _____ Date of Intake: _____
Last First MM DD YY MM DD YY

Address: _____ City: _____ Postal Code: _____

Phone: Home _____ Work _____ Cell _____

Occupation): _____ Education: _____

Current Marital Status: (please circle one)

Single Engaged Married Separated Divorced Widowed

Family Information

Spouse's Name: _____ Date of Birth: _____
Last First MM DD YY

Name and Age of Children:

Name of child _____ Gender _____ Age _____ Living with you? _____

Name of child _____ Gender _____ Age _____ Living with you? _____

Name of child _____ Gender _____ Age _____ Living with you? _____

General Information (Optional)

List any present serious health/emotional/ mental Problem(s):

What is the presenting problem/s (issues)

What would you like to see happen as a result of coming for help?

Signature (client): _____

Date: _____

Signature (witness): _____

Date: _____