Protea Counselling Intake Form

Confidential Client Information and Basic Assessment Date:

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| --- | --- |
| First Name: Preferred Name:  Middle Name: Home Phone: Message OK?  Last Name: Cell Phone:  Address:  Date of Birth: (YYYY)\_\_\_\_\_\_\_\_\_\_ (MM) \_\_\_\_\_\_\_(DD) \_\_\_\_\_\_\_ | |
| Person to contact in the event of a medical emergency:  Relationship to you: Phone:  Family Doctor: Phone: | |
| Relationship Status (circle one)  Married Partnered Separated Divorced Widowed  Spouse or Partner’s first name: Age: Years in relationship: | |
| Children:  Name/gender/age: | |
| Current Presenting Issue(s), precipitating events(s), history of current issue(s), exceptions to issue(s) | |
| Current Functioning, other stressors, coping and resources, psychosocial and family situation | |
| Employment Situation: | |
| Previous Counselling/Therapy include name of clinician, dates, and reason for counselling:  Have you ever been hospitalized for a psychological problem or illness (circle): Yes. No | |
| **Mental and Physical Status** |
| Sleep Patterns: |
| Appetite: |
| Current Mood: |
| Memory/Concentration: |
| Suicide Ideation / Attempts (previous and/or current):  What was the context? |
| Medical Problems / Concerns: |

Medication and Substance Use

(typical patterns over past 2 years, unless answers indicate need for longer timeframe.

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| --- | --- | --- | --- | --- |
| Medication/Substance | Type of Substance | Frequency of Use | Amount of Use (per occasion) | Additional Information |
| Prescription Medication |  |  |  | Compliant (as per prescribed by physician): Yes No |
| Alcohol |  |  |  |  |
| Cannabis |  |  |  |  |
| Over the Counter |  |  |  |  |
| Illicit Substance |  |  |  |  |

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| --- |
| Have you ever tried to cut down on any of your alcohol or drug use? No Yes |
| Has anyone ever expressed concern about your alcohol or drug use? No Yes |
| Have you ever felt bad or guilty about your alcohol or drug use? No Yes |
| Have you ever used to get over hangover/after effects of use? No Yes |
| What trauma and or adverse childhood experiences have you experienced? |
| In your own words, what is the nature of the problem you wish to discuss? Describe this in as much or as little detail as you wish. |
| How will we know when our work is finished and we are successful? |
| Is there anything else you think is important to include? |