

# Intake Form (Adult)

## Client Information

Today's Date	Cell phone number *
<input type="text"/>	<input type="text"/>
First name *	Last name *
<input type="text"/>	<input type="text"/>
Address (Street) *	City, Postal Code *
<input type="text"/>	<input type="text"/>
Email address *	Date of birth *
<input type="text"/>	<input type="text"/>

## Emergency Contact Information

1

First name *	Last name *
<input type="text"/>	<input type="text"/>
Cell phone number *	Email address
<input type="text"/>	<input type="text"/>

[+ Add another emergency contact](#)

## Personal Strengths

## Hopes for Counselling

## Mental Health Challenges/Diagnosis:

## What do you do for self-care? Do you have any safety concerns?

## Personal Challenges (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Anxiety            | <input type="checkbox"/> Loneliness/Social Isolation |
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Stress                      |
| <input type="checkbox"/> Life Transitions   | <input type="checkbox"/> Sense of Purpose            |
| <input type="checkbox"/> Trauma             | <input type="checkbox"/> Bullying                    |
| <input type="checkbox"/> Separation/Divorce | <input type="checkbox"/> Relationship                |
| <input type="checkbox"/> Death              | <input type="checkbox"/> Other                       |

## Compulsive Behaviour (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Drinking           | <input type="checkbox"/> Sexual Acting Out |
| <input type="checkbox"/> Drugs              | <input type="checkbox"/> Misuse of Power   |
| <input type="checkbox"/> Physical Self-Harm | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Pornography        |  |

## Confidentiality and Safety

- I understand that counselling services are confidential.
- I understand that if I am at risk of harming myself or another person this information may need to be shared with authorities.
- I understand that if a child aged 16 and under is at risk of abuse or neglect the appropriate authorities may need to be contacted.
- I understand that the misconduct by a member of the College of Registered Psychotherapist of Ontario must be reported to the College of Registered Psychotherapists.
- I understand that permission is required to share my personal information with anyone else (unless serious safety issues are immediate).
- By signing my signature below, I consent to counselling treatment and understand the limits to confidentiality.

Signature to confirm Confidentiality and Consent to treatment.

I have children under the age of 18, and their ages are:

**Submit**

Your information will be encrypted.

## Emergency Assistance

If this is an emergency, call:

- Crisis Line: 877.995.5247
- 911



## Maureen Willis

Registered Psychotherapist (Qualifying),  
Rockyshores Counselling

Telephone 705.346.0364

[rockyshorescounselling.ca](http://rockyshorescounselling.ca)