

Ezreena's Therapeutic Counselling Inc.

CLIENT INTAKE INFORMATION

Date _____

CLIENT NAME _____ AGE _____ GENDER: M F Other

PHONE NUMBER _____

ADDRESS _____ POSTAL CODE: _____

EMAIL ADDRESS _____

SOURCE OF REFERRAL _____

DATE OF BIRTH MONTH _____ DAY _____ YEAR _____

MARITAL STATUS Single Married Separated Divorced Common-law Widow/er

Name of spouse: _____

ANY CHILDREN Yes No

Names / Ages _____

LIVE ALONE Yes No _____

OCCUPATION _____ EMPLOYER _____

INCOME LEVEL _____ FAMILY INCOME LEVEL _____

CULTURAL BACKGROUND _____

RELIGIOUS AFFILIATION _____

FAMILY BACKGROUND Parents' Names: _____

BIRTH ORDER OF SELF & SIBLINGS (names & ages) _____

MEDICAL HISTORY

FAMILY PHYSICIAN _____

ALLERGIES _____

CURRENT MEDICATIONS _____

(prescription or over-the-counter) _____

(turn page over)

PREVIOUS SURGERIES _____

CURRENT/ PAST DIAGNOSES _____

HEALTH PROBLEMS _____

HEREDITARY DISEASES _____

VENEREAL DISEASES _____

(previous or current)

ARE YOU CURRENTLY SEEING A COUNSELLOR OTHER THAN ME? Yes No

DO YOU CURRENTLY HAVE ANY THOUGHTS OF HARMING YOURSELF (Suicidal)? Yes No

DO YOU CURRENTLY HAVE ANY THOUGHTS OF HARMING ANOTHER (Homicidal)? Yes No

IS THERE ANY LEGAL CASE I SHOULD BE AWARE OF? Yes No

HAVE YOU HAD ANY INJURIES OR DIFFICULTIES OR PROBLEMS WITH:

Head &/or neck? Yes No Describe _____

Breathing? Yes No Describe _____

Heart /Circulatory system? Yes No Describe _____

Urinary system? Yes No Describe _____

Muscular /Skeletal problems? Yes No Describe _____
Joint stiffness/weakness, Muscle Pain

Central nervous system problems? Yes No Describe _____
Headaches, Shakiness, Convulsions, High Fevers

What do you want to accomplish in working with me?

What do you want to change about you or your life?

What are the unwanted feelings that are interfering in your life?

EMOTIONAL SCALE (circle which emotions currently apply)

Elation / Enthusiasm / Cheerfulness / Contentment / Complacency (smug satisfaction) / Ambivalence (mixed feelings) /
Antagonism (hostility) / Anger / Hatred / Hidden Hostility / Anxiety / Fear / Grief / Apathy (lack of interest & concern)