Intake Form

Suffix:

Name:

Preferred Name:

Gender:

Preferred Pronouns:

Date of Birth:

Phone Number:

Is it okay to leave a voicemail:

Email Address:

Preferred method of contact:

Address:

Street: **Town/City:**

Province: **Postal Code:**

What is your relationship status:

Emergency Contact:

Relationship:

Emergency Contact's Number:

Family Doctor:

Family Doctor's Phone Number: **Ext:**

Any other medical professionals you are a patient of:

Occupation:

How did you hear about us?

Were you referred, if so by who?

What leads you to seek support at this time?

How long have you been having these challenges?

How do these challenges effect you?

Have you sought support in the past? If yes, when was this?

How are you currently coping with these challenges before today?

What would you like to gain from this experience?

Do your current challenges impact the following areas:

Work: ☐ **If yes, please explain:**

Self (relationship with yourself): ☐ **If yes, please explain:**

Relationship with others: ☐ **If yes, please explain:**

Financial: ☐ **If yes, please explain:**

Physical Health: ☐ **If yes, please explain:**

Do you have any legal issues (historically or current)? If yes, please explain:

Have you ever been diagnosed with a mental health illness? If yes, please explain:

Have you ever been diagnosed with a physical illness? If yes, please explain:

Have you experienced any major traumas in the past? If yes, please explain:

Have you ever had thoughts of suicide or attempted suicide? If yes, please explain:

What are the major causes or factors of your stress? Indicate "x" in all that apply:

Financial	☐	**Family**	☐	**Spiritual**	☐
Career	☐	**Relationship**	☐	**Pre/Post-Natal Changes**	☐
Health	☐	**Personal**	☐	**Other**	☐

If other, please explain:

How do you experience stress? How does it manifest itself?

What helps you manage your stress? Do you use any coping mechanisms?

Name (please print)	**Signature**	**Date (Month/Date/Year)**

Cancellation and Missed Appointment Policy

Your appointment time is reserved just for you. A late cancellation or missed visit leaves a hole in the practitioner's day that could have been filled by another client. As such, we require 24 hours notice for any cancellations or changes to your appointment. Clients who provide less than 24 hours notice, or miss their appointment, will be charged a cancellation fee.

A missed appointment will result in a $50.00 charge

If an appointment is cancelled after the 24-hour period it will result in a $50.00 charge

Please sign below indicating your understanding of the cancellation and missed appointment policy.

Name (please print)	Signature	Date (Month/Date/Year)