

Chelsea Conron, M.A. (expected completion 2011)

Clinical Counselling & Psychotherapy

live . breathe . grow



Confidential Client Intake Questionnaire

Last Name: _____ First Name: _____

Middle Initial: _____ Birth Date: _____ Age: _____

Name of Parent/Guardian (If under 18): _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

Address: _____ City: _____

Province: _____ Postal Code: _____

Email Address: _____

Phone Number(s): (Day) _____

Okay to leave a message: Yes ___ No ___

(Evening) _____ Okay to leave a message: Yes ___ No ___

Referred By: _____

Please list any medications you presently take:

Are you currently using drugs or alcohol? Yes ___ No ___ Occasional ___

Please

comment: _____

Have you ever been hospitalized, had any major accidents, illnesses, or surgeries? Yes ___ No ___ If yes, please briefly explain:



Have you experienced any previous trauma or abuse of any kind? (Physical, Emotional, Sexual, Verbal) Yes ___ No ___ Uncertain ___ Please comment:

Is your family/partner/spouse aware that you are seeking counselling? Yes ___ No ___ Uncertain ___

Have you had previous counselling/psychotherapy? Yes ___ No ___ If yes, please include the name(s) of the person/agency, dates of treatment, and any comments about experience(s) or outcome(s):

In your own words please state the reason(s) for seeking counselling services:

What have you done about these concerns to date?

Please mention any concerns or fears that you have about entering counselling:



In your own words please state what you hope to gain from counselling:

Is there any other information that you would like me to know? _____

Client Signature

Date

Thank you for taking the time to complete this intake form. The information you have provided is very helpful to the treatment process.

