Michele Brett
Family Counselling Services

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INTAKE FORM

Client Name: _____

Address: _____

_____ Postal Code: _____

Primary Phone: _____ Leave Message Yes ___ No_____

Additional Phone: _____ Leave Message Yes ___ No _____

Email Address: _____

Emergency Contact Name/phone number and relationship to you: _____

_____

State in your own words the nature of your problems (i.e., What brings you in today? Why now?):

_____

_____

_____

_____

PERSONAL HISTORY

Date of Birth: _____

Marital Status:

_____ Single

_____ Married When _____

_____ Separated When _____

_____ Divorced When _____

_____ Widowed When _____

_____ Common Law When _____

Have you been in therapy before or received any prior professional assistance for your problems? If so, list name (s), professional title(s), and dates of treatments and results:

_____

_____

_____

_____

Please list all prescription medications you are currently taking (including medications “as needed”, birth control, etc.). Include the dosage taken per day and the reason for taking the medication.

Medication Dosage Reason

_____

_____

_____

_____

Do you have a family physician? _____ Yes _____ No

If yes, please give his/her name(s) and telephone number(s)

_____

_____

Have you spoken to your family doctor about the nature of your difficulties?_____ Yes _____ No

Any other significant health problems that have not been discussed so far? _____ Yes _____ No

If yes, please describe?

_____

_____

_____

Have you ever been hospitalized for psychological problems? _____ Yes _____ No

If yes, when and where? _____

_____

_____

Have you ever attempted suicide? _____ Yes _____ No

Do you smoke cigarettes? _____ Yes_____ No Number per day: _____

What are your current drinking habits? _____

Do you use street drugs, illegal, or recreational drugs? _____

If so, please list: _____

Have you ever been hooked on a prescribed medication or taken a lot more of it than you were supposed to?_____ If so, please list: _____

Are you or have you experiencing any violence or abuse in your relationship/family?

_____

_____

How did you hear about my services? Website Theravive

Other: _____