



Intake Form for Counselling Services:

Personal Information:

Name: _____

Date of Birth: _____

Gender: _____

Address: _____

City: _____

State/Province: _____

Postal Code: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone Number: _____

Reason for Seeking Counselling:

Please briefly describe the reason you are seeking counselling services:



Counselling History:

Have you ever seen a counsellor or therapist before?

Yes No

If yes, please provide the following information:

Name of Counsellor/Therapist: _____

Date(s) of Counselling Sessions: _____

Reason for Discontinuing Counselling: _____

Medical History:

Do you have any medical conditions that affect your daily life?

Yes No

If yes, please provide the following information:

Medical Condition(s): _____

Treatment(s) Received: _____

Date of Diagnosis: _____

Mental Health History:

Do you have any mental health diagnoses?

Yes No

If yes, please provide the following information:

Mental Health Diagnosis: _____

Treatment(s) Received: _____

Date of Diagnosis: _____



Family History:

Do you have any immediate family members with mental health diagnoses?

Yes No

If yes, please provide the following information:

Family Member's Relationship: _____

Mental Health Diagnosis: _____

Treatment(s) Received: _____

Date of Diagnosis: _____

Current Medications:

Please list any medications you are currently taking:

Goals for Counselling:

What are your goals for counselling services? Please list 1-3 specific goals.

1.

2.

3.



Confidentiality and Consent:

I understand that all information disclosed in counselling sessions is confidential and will not be shared without my written consent, except when required by law. I have read and understand the confidentiality agreement and agree to participate in counselling services with the above information provided.

Client Signature: _____

Date: _____