Counselling Practice Name
Name – Student Counsellor
Counsellor Address
Counsellor Phone: Counsellor Email:

New Client Intake Form

Client	Gender:	Preferred Pronoun:		DOB(mm/dd/yyyy):	Age:
First Name:			Last Name:		
Address:					
City:			Postal Code:		
Phone	Home		Ok to leave messages?	Yes ☐	No ☐
	Cell		Ok to leave messages?	Yes ☐	No ☐
	Work		Ok to leave messages?	Yes ☐	No ☐
Email:			Ok to leave messages?	Yes ☐	No ☐
Special considerations regarding our communication (such as: day/evening, time zones):					
Date of Initial Session:					
Local Emergency Contact (someone I can contact in the event of an emergency):					
Relationship:			Phone(s):		

Have you ever:

Struggled with an addiction? If yes, please detail:_____

_____

Considered suicide? If yes, when? Currently/recently?_____

Been diagnosed by a psychologist or psychiatrist with a 'mental illness' or DSM disorder (such as major depression, anxiety, borderline personality disorder, etc.)? If so, what was the diagnosis? _____

_____

When did it occur? _____

Are you currently taking medication? Yes ☐ No ☐ If yes, please name: _____

_____

Reason for medication: _____

Do you have a family history of:

- Mental Health Issues or DSM disorder, as above
- Serious Illness
- Addictions
- Eating Disorders

If yes, please provide us with more details:

Family Doctor:	Phone:
Address:	
City:	Postal Code:
Medical Conditions:	
Current Medications:	
Can we contact your doctor with updates? YES ☐ NO ☐	Signature:

Partner	Gender:	Preferred pronoun:	DOB (mm/dd/yyyy):	Age:
First Name:		Last Name:		

Status: Single ☐ Married ☐ Common-Law ☐ Separated ☐ Blended ☐

Other, please describe: _____

Length of time in present relationship:				
Address (in different from above):				
City:			Postal Code:	
Phone	Home		Work	
	Cell			
Email:				

Please let me know how you found out about me?

Internet search:_____

Other Website Ad – Name of Website: _____

Clearmind: _____

Word of mouth – name of person who referred you: _____

Doctor – Name of Doctor: _____

ACCT: _____

Please share any thoughts about what is bringing you to these sessions now: _____
_____
_____
_____
_____