



New Client Intake Form

The information contained herein will be held in confidence as part of your counselling file.

Name: _____ Date of Birth: _____

Address: _____

Occupation/Place of Employment: _____

Primary phone # _____ Can I leave a message/text you? ___ Y ___ N

Email _____ Can I email you at this address? ___ Y ___ N

Relationships Status:

- single/never married married divorced dating
- common-law remarried separated it's complicated :)

Emergency Contact Name _____

Phone # _____. Relationship _____

Please check your main reason(s) for accessing counselling today (all that apply):

- anxiety communication skills gender identity
- panic attacks PTSD (self) disordered eating
- phobia(s) PTSD (other) parenting support
- OCD symptoms childhood/developmental trauma grief/loss
- anger management substance use problems divorce/separation
- violence family of origin issues existential issues
- relationship conflict adjustment/transition career/future planning
- self-esteem/self-worth. depression marriage prep
- single incident crisis suicidal thoughts chronic pain
- workplace issues suicidal behavior retirement/aging
- stress management self-harm Other (please specify below)

LAURIE HAMER, REGISTERED PSYCHOLOGIST #4831

Have you every been hospitalized for psychiatric or mental health concern? Yes No

If yes, please provide year(s) and diagnosis: _____

Have you previously attended counselling? Yes No

If yes, please list the name of your therapist(s) and/or psychiatrist(s) and estimated dates of service.

Please list current medications:

On a scale of 0-10 (with 10 being highest level), how concerned are you about suicide? _____

If your risk is high, how do you plan to keep yourself safe? _____

Please make note of anything you feel is relevant to your needs/concerns: _____
