LAURIE HAMER, REGISTERED PSYCHOLOGIST #4831

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

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: _____

_____

_____