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Pre-intake form (confidential) **Client ID Number:** _____

Date: _____

Name: _____

Name you would like me to call you: _____

Date of birth: _____

Phone number: _____

Email address: _____

Address: _____

City: _____ Postal code: _____

Emergency contact: _____ Phone: _____

Relationship to client: _____

Marital status: _____

If in a relationship, since how long? _____

Highest level of education: _____

Job title: _____

Employment status: (you can select more than one option)

Employed	Self-employed	Full-time	Part-time	Unemployed	Retired	Student
☐	☐	☐	☐	☐	☐	☐

Have you previously received any type of mental health services? _____

If so, when and for how long? _____

Have you ever been prescribed psychiatric medication? _____

If so, please list them and provide dates _____

_____

How would you rate your current physical health?

Poor	Unsatisfactory	Satisfactory	Good	Very good
☐	☐	☐	☐	☐

Please list any specific health problems you are currently experiencing: _____

_____

How would you rate your general happiness and well-being?

Poor	Unsatisfactory	Satisfactory	Good	Very good
☐	☐	☐	☐	☐

How would you rate your satisfaction on your job?

Poor	Unsatisfactory	Satisfactory	Good	Very good
☐	☐	☐	☐	☐

How would you rate your satisfaction with your marital relationship?

Poor	Unsatisfactory	Satisfactory	Good	Very good
☐	☐	☐	☐	☐

How would you rate your satisfaction with your family relationships?

Poor	Unsatisfactory	Satisfactory	Good	Very good
☐	☐	☐	☐	☐

How would you rate your satisfaction with other relationships with people outside your family?

Poor	Unsatisfactory	Satisfactory	Good	Very good
☐	☐	☐	☐	☐

Do you engage in any recreational drug use? Select any that applies:

Substance	Alcohol	Sedatives	Nicotine	Marijuana	Cocaine opiates	Hallucinogenics	Stimulants
How often?							

(daily; weekly; monthly; rarely)

Did any significant life changes or stressful events occurred recently in your life? Which?

_____

_____

_____

What issue(s) have caused you to seek counseling at this time?

_____

_____

_____

What goals do you have for the counseling?

_____

_____

_____

Would you like to attend individual or group counseling? _____

How did you hear about my services? _____

_____