L.Freer Counselling RTC
Change begins with the first step

Client Intake Form

Please provide the following information and answer the questions below. Please note: information that you provide here is protected as confidential information.

Name: _____

Birthdate: _____ Gender: _____

Marital Status: _____ If married how long? _____

Children: _____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

Address: _____

Phone: _____ May I leave a message? _____ Yes _____ No

Email: _____ok to email you? ____ Yes ____ No
(Please note: Email correspondence is not considered to be a confidential medium of communication).

Referred by (if any) : _____

Is this your first counselling session? ___Yes ___No

_____

Are you currently taking any prescription medication? ____Yes _____No

Please List: _____

How would you rate your physical health:
Poor Satisfactory Good Very Good

Please list any health problems you are having: _____

Are you currently experiencing overwhelming sadness, grief or depression? ____ Yes ____ No

If yes for how long?: _____

Are you currently experiencing anxiety, panic attacks or have any phobias? _____ Yes ____ No

Are you currently employed? ____Yes ____No

If yes, what is your current employment situation: What do you do? Is it stressful?

_____

_____

Would you consider yourself to be spiritual or religious? _____Yes _____No

What do you consider to be some of your strengths?

_____

_____

_____

What would you consider to be your weaknesses?

_____

_____

What would you like to accomplish out of your time in therapy?

_____

_____

_____

_____

_____