

Client Intake Form

Confidential Information

Counsellor's Name _____

CLIENT

Name _____

Date of Birth _____

Address _____

Phone _____ Can you be contacted on this number?

Email _____

Client / Partner Name _____

Date of Birth _____

Address _____

Phone _____ Can you be contacted on this number?

Email _____

Person to contact in case of emergency _____

Phone _____

Referral Source

___ Health Professional ___ Friend or Family

___ Local Doctor ___ Other

___ Church Worker ___ Website

___ Advertising

General Information

Have you seen a counsellor before? Yes No

Current Medication _____

Church Affiliation (if any) _____

Client Signature _____ Date _____

Client Signature _____ Date _____

Counselling is provided by a counsellor in independent practice within a confidential environment. Counsellors are all members of a national professional association. For further information please see our website. Your privacy is important to us. Please ask to see our Privacy Policy for more information.

