

Intake Form

INITIAL INFORMATION:

This form enables initial assessment and consultation. Please fill out this form to the best of your ability. The information on this form is held to the same standards of confidentiality as our therapy sessions.

PERSONAL INFORMATION:

Name _____ Today's date _____
Address _____
Birth date _____
Contact Information, Home Phone _____ Cell Phone _____
Email address _____
Occupation _____
Employer _____

FAMILY INFORMATION:

None _____ OR :

Partner's Name: _____
Marital Status: _____ How long? _____
Children (names, ages): _____

FAMILY INFORMATION (PLEASE FILL OUT IF YOU ARE UNDER 18 YEARS OLD):

Parents: _____
Siblings (names, ages): _____

PREVIOUS COUNSELLING:

None _____ OR:

Counsellor/ Agency _____
Location _____ Duration _____
Issue _____

RELEVANT MEDICAL INFORMATION:

Doctor _____
Location _____
Are you currently taking medication for any health condition (s)? Yes / No
If yes, please list:

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Cor Christian Counselling

Are you currently taking any psychiatric prescription medication? Yes / No

If yes, please list (medication name/ dosage/start of intake):

REFERRAL INFORMATION:

How did you hear about this office?

Church/pastor _____ Internet ____ Brochure _____ Friend _____

Other Agency _____ (Please Specify) _____

AFFILIATIONS:

None _____ OR: _____

Name of church _____

I attend regularly _____ occasionally _____ rarely _____

Other groups or organizations: _____

FAITH/SPIRITUALITY:

Does religion/spirituality play a role in your life? Yes/ No

Is there anything about your faith journey that would be helpful to be aware of for our work together?

PRESENT COUNSELLING DETAILS:

Briefly describe or list the issue (s) you would like to discuss with the counsellor:

Is there anything else that I have not asked that would be helpful to know for our work together?
