



Registered Psychologist
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Client Intake Form

Welcome to my practice. I want to make the most of each appointment we have together. One way of doing this is for you to write down some basic information **before** we meet for your first appointment. Please fill out the following as completely as possible. This information is confidential. If there are any questions that you do not want to answer at this time, please feel free to leave them blank. **Please bring the completed form with you to your first session.**

Name: _____

Birth Date: _____ Age: _____ Gender: _____

Today's Date: _____

Marital Status: Never Married Domestic Partnership Married Separated Divorced Widowed

Please list any children/age: _____

Address: _____

Home Phone: _____ May we leave a message? Yes No

Cell/Other Phone: _____ May we leave a message? Yes No

E-mail: _____ May we email you? Yes No

** Please note: Email correspondence is not considered to be a confidential medium of communication; information included in emails should not include any content related to your therapy sessions*

Person to alert in the event of an emergency: _____

Relationship to you: _____ Phone: _____

Family doctor: _____ Phone: _____

Referred by (if any): _____

Have you previously received any type of mental health services (therapy, psychiatric services, etc.)? No Yes,
previous therapist/practitioner: _____

How long did you receive services? _____ Please describe what worked well for you:

Current reason for coming in:

General Health and Wellness Information

1. How would you rate your current physical health? (please circle one):

Poor Unsatisfactory Satisfactory Good Very Good

2. Are you having any trouble with your sleeping or eating patterns? If so, please describe:

3. Do you have any current medical conditions? If so, please list:

4. If you are currently taking medications, please list them including the dose and frequency:

5. Please check from the following list any items that you have experienced recently:

- Loss of interest in previously enjoyed activities
- Overwhelming sadness
- Crying often
- Feeling hopeless
- Overwhelming anxiety, panic, or worry
- Frequent physical issues (headaches, stomachaches, etc.)
- Significant change in weight
- Trouble falling asleep or staying asleep at night
- Racing or disorganized thoughts
- Thoughts of suicide
- Irritability or anger
- Mood shifts
- Self harm
- Overindulgence in alcohol, recreational drugs, or sexual activity

6. Have you ever been hospitalized for a psychological difficulty? Yes No. If yes, please provide the dates and the nature of the difficulty at the time: _____

Family History

1. Please identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (for example, mother, grandfather, aunt, etc.):

	Please circle:		Family Member:
Alcohol/substance Abuse	yes	no	
Anxiety	yes	no	
Depression	yes	no	
Eating Disorders	yes	no	
Obesity	yes	no	
Obsessive Compulsive Disorder	yes	no	
Schizophrenia	yes	no	
Borderline Personality Disorder	yes	no	
Suicide	yes	no	

2. Do you have any siblings? If so, please list them and their ages:

3. Who do you turn to for support in your family?

Occupational and Social Information

1. Are you currently employed? Yes No If yes, what is your current occupation?

2. Do you enjoy your current occupation? Yes No If yes, what do you enjoy most? If no, what would you change?

3. Do you have any current legal troubles? If so, please describe:

4. What kind of activities or coping strategies do you use when you are stressed or overwhelmed?

5. Do you currently have friends? Yes No Do you socialize regularly with friends? Yes No

6. What do you consider to be your strengths?

7. Do you consider yourself to be spiritual or religious? Yes No

Additional Information

1. Therapy can be a powerful force for change. In order for it to be most effective it helps to have a clear and specific goal. You may find it difficult to express your hopes for therapy in the form of a goal, but please try to provide some information about what you would like to accomplish in therapy. We can discuss this further in our sessions.

2. Is there any other information you would like to share about yourself that has not been included in this form? If so, please feel free to include this:

