

# Syla Counselling & Psychotherapy Services

## Client Intake Questionnaire

### Contact Information

Name:

Date:

Parent/Legal Guardian Name (if less than 18):

DOB:

Age:

Gender:

Current Address:

Home Phone:

Cell phone/other phone:

Email address:

Marital Status:

Occupation:

Ethnic origin/cultural background:

Referred by (if any):

### Medical/Psychological History

Emergency Contact:

Phone:

Family Doctor:

Phone:

Any health conditions:

Are you currently taking any prescription medication? (If yes, please list)

Have you ever been on any psychiatric medication? (If yes, please list and the date prescribed)

Are you currently, or have you ever been under the care of a Psychiatrist? (If yes, when and did you receive an official diagnosis)

Have you previously had any counselling services? (If yes, please specify when and for what issue)

If you had counselling before what was helpful and what was not?

### **Request for Counselling**

What are the concerns that bring you to counselling?

How is the current issue impacting you in the following areas?

At home:

At work:

In your relationships:

Physically or Emotionally:

How would you rate your current mental health mood? (1 being poor and 10 being good,) Please explain briefly.

Are you currently experiencing overwhelming sadness or depression? (If yes, for approximately how long?)

Are you currently experiencing anxiety, panic attacks or have any phobias? (If yes, when did this begin?)

Are you presently suicidal or thinking of harming yourself?

Have you ever been suicidal in the past? (If yes, when? Briefly describe)

Do you have any present safety concerns for yourself or someone else? (If yes, please describe)

What are your hopes and goals for therapy?

What do you consider your strengths?

Is there anything else that would be important for me to know before we begin therapy?

I certify that the above information is correct to the best of my knowledge and I give Lesia Lee at Sylva Counselling & Psychotherapy Services permission to contact the person I listed as my emergency contact in the event of an emergency.

Signature:

Date: