

Intake for Individual Adult Clients

(Please, whenever possible, email prior to your first session.)

Date:

Name:

Preferred Gender Pronouns:

Gender:

Date of Birth:

Address:

Email:

Home #:

Cell #:

Work #:

On what number may I leave a confidential message:

Employment Situation:

Primary Care Physician:

Medications:

Family: Share just a bit of information about your parents, siblings, kids...

Best Days/Times for Appointments:

Have you been to counselling before?

What are your hopes for the counselling process?

Confidentiality: As a Registered Clinical Counsellor, I adhere to a strict standard of confidentiality. The content of our sessions will not be shared or disclosed to anyone without permission from you. I also abide by a thorough code of ethics. Potential exceptions w/r to disclosure: (1) Federal or Provincial Court (2) criminal code violations where physical and/or sexual abuse is involved (3) whereby a person's life or health is in obvious danger.

I understand the above:

Signature: _____

Date: _____