

CLIENT INTAKE FORM

One Step Beyond Counselling

Wendy Shippam, Registered Psychotherapist (CRPO)

Client Information

Full Name: _____

Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____

Email Address: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Health Information

Family Doctor (optional): _____

Current medications (if any): _____

Have you previously received counselling or psychotherapy?

Yes No

If yes, please briefly describe:

Presenting Concerns

Please describe the main reasons you are seeking counselling at this time:

Consent to Contact

May I leave voicemail messages regarding appointments?

Yes No

May I contact you by email regarding scheduling?

Yes No

Signature

Client Signature: _____

Date: _____