



London Middlesex Counselling & Addiction Services

THERAPY INTAKE FORM

Name _____ Sex _____ Age _____ Date _____

Full Address _____

Home Phone _____ Work _____ E-mail _____

I plan on paying for my therapy through:

FNIB Status Residential Health Support or Short-term Crisis Program: _____

Indian Status Card Number: _____

Physical History (please be accurate, medical records may need to be disclosed at some point)

General Health _____

Name of emergency contact: _____ Relationship: _____

Phone number of emergency contact: _____

Are you now under a doctor's care? _____ If yes, name of doctor _____

Reason for doctor's care _____

Are you taking any medication? _____ If yes, what kind? _____

Reason for medication _____ Last medical examination _____

Have you ever been hospitalized for a physical illness? ___ Describe _____

Have you ever been hospitalized for a mental illness? ___ Describe _____

If you have a formal mental health diagnosis please indicate:

Any recent major illnesses or surgeries? _____

Any recurrent or chronic conditions? _____

LMCAAS THERAPY INTAKE 2

Do you smoke: _____ Do you take drugs? _____ If yes, what kind? _____

Do you drink? _____ How much? _____

Any Previous Therapy/Counselling? _____ if yes, describe, when, where, how long, what for _____

What do you hope to achieve with therapy? _____

Work History

Occupation _____ How long? _____

If presently unemployed, describe the situation _____

Hobbies/Avocations _____

Family Systems Information

Birthplace: _____ Ethnic: _____

How long did you live there: _____

What is your home band: _____

Did you or your family member attend residential school: _____?

Parents: Father Alive _____ Where residing _____ Relationship _____

Mother Alive _____ Where residing _____ Relationship _____

Marital Status _____ # of marriages _____ Spouse's name _____

Living with a partner _____ How long _____ Partner's Name _____

Children: #1 M F Age _____ #2 M F Age _____ #3 M F Age _____ #4 M F Age _____ #5 M F Age _____

Siblings: Circle your place in the family. If a sibling is deceased, put an X through the placement number.

#1 M F Age _____ #2 M F Age _____ #3 M F Age _____ #4 M F Age _____ #5 M F Age _____ #6 M F Age _____

Family Alcoholism or Domestic Violence? _____

Sexual Abuse?

Parents divorced? _____ If yes, what year _____ your age at the time _____

If deceased, what year? _____ Your age at the time _____ Cause of death _____

Any step-parents? _____ If yes, describe when and your relationship with them _____

If reared by someone other than your birth parents, describe the situation in some detail _____

Tell anything else in the space below that you think would be helpful for me, as your therapist, to know.

Relationship history

Are you currently in a relationship? _____ For how long? _____

With which group do you identify sexually? _____

Cultural History

I am aware of my cultural roots. When identifying myself culturally or ethnically I consider myself part of this group: _____

Spiritual History

Religious upbringing _____ Present Affiliation _____

Is this an important part of your life _____ Why not? _____

Emotional Status

Are you currently experiencing strong emotions? _____ If yes, describe _____

Do you make decisions based on your emotions? _____ how well does that work for you? _____

Did you have what you would consider to be childhood or other traumas? _____ If yes, describe _____

Have you been treated for emotional disturbances? _____ If yes, when? _____

Have you had any thoughts of suicide _____ If so, when _____ Do you have any thoughts now _____

Have you ever made an attempt to commit suicide? _____ If so, how many times? _____

Present Situation

Please state why you decided to come for counseling/therapy_____

What is the nature of your situation_____

What would you like to experience that is different from what you are experiencing now_____

How long has this been a problem for you_____

Please state what you would like to work on in therapy_____

Personal Agreements

I understand that I may be asked complete homework exercises such as reading, mindfulness exercises such as visualization, meditation and deep-breathing exercise. And that these are necessary to assist me to change entrenched behaviours. I understand that I am entirely responsible for my own actions and I will always make my own final decisions regarding counselling. I also understand the nature of the therapeutic relationship is to assist me in defining therapeutic goals for my benefit and when those goals have been achieved it will be necessary to terminate the therapeutic relationship. I understand that this may be outside my control.

I further understand that much of the work done will be to resolve issues and will depend on my honesty, and willingness to do the things I need to do to reach my personal health goals even if it is painful and difficult.

Client Sign: _____

Date: _____