

CLIENT INTAKE FORM

The Sacred Journey Counselling & Consulting Services

Kushala Yoga & Wellness 303-130 Brew St, Port Moody, BC, V3H 0E3

info@thesacredjourneycounselling.com

778-714-9993

Name: _____ Date of first appointment: _____

Please take your time in providing the following information. The questions are designed to help me begin to understand you so that our time together can be as productive as possible. All information provided is confidential

Who referred you or how did you hear about me?

The Sacred Journey Website BCACC website Psychology Today website Friend/Family

Other:

Have you previously received any type of mental health services? Yes / No

If yes, which of the following:

Psychotherapy Medication Outpatient Treatment Inpatient Hospitalization

Other:

Dates of treatment: _____

Reason for treatment: _____

Any current health concerns? Or diagnosis? _____

Current medications and dosage (if applicable): _____

Family Doctor Name: _____ Telephone: _____

In an average week how many times do you use illicit or recreational drugs (if applicable)? _____

In an average week how many alcoholic drinks do you have (if applicable)? _____

Relationship status: _____ Partner's name: _____

On a scale of 1-10 (best), how would rate your relationship? _____

Dependents names and ages (if applicable): _____

Have you ever attended counseling in the past? Yes / No

If so, what did you find the most helpful? _____

What did you find least helpful? _____

Briefly, what brings you in today? _____

When did your problem first start? Within the last:

30 days 6-12 months 2 years During adolescence During childhood

What areas of your life have been affected because of this problem? _____

Are you currently experiencing overwhelming sadness, grief or depression? Yes/ No

If yes, for approximately how long? _____

Are you currently experiencing anxiety, panic attacks or have any phobias? Yes / No

If yes, when did you begin experiencing this? _____

Please describe any major losses or traumas you have experienced: _____

What significant life changes or stressful events have you experienced recently? _____

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

If yes, describe your faith or belief:

What would you consider as your strengths? _____

What would you like to accomplish out of your time in therapy? _____

Any additional information you think would be useful before we start: _____
